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ABSTRACT

A record of the Senate hearings on The Child Abuse Prevention Act of 1973 is presented. A copy of Senator Mondale's bill to establish a national center on child abuse is included. The objectives of the hearings were to investigate the magnitude of the child abuse problem in the United States and to clarify a definition of the problem. Different types of child abuse cases, causes of mistreatment of children, and possible solutions (preventive and remedial) were studied. Witnesses before a Senate subcommittee included college professors, doctors, social workers, psychiatrists, psychologists, legislators, nurses, judges, attorneys, and members of parent organizations who have dealt with adults and children involved in cases of child abuse and neglect. A complete transcript of the hearings and related materials are followed by three appendixes which deal with medical and legal literature, child abuse programs, and press reports. (DP)

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CHILD ABUSE PREVENTION ACT, 1973

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND YOUTH

OF THE

COMMITTEE ON
LABOR AND PUBLIC WELFARE
UNITED STATES SENATE

NINETY-THIRD CONGRESS

FIRST SESSION

ON

S. 1191

TO ESTABLISH A NATIONAL CENTER ON CHILD ABUSE AND NEGLECT, TO PROVIDE FINANCIAL ASSISTANCE FOR A DEMONSTRATION PROGRAM FOR THE PREVENTION, IDENTIFICATION, AND TREATMENT OF CHILD ABUSE AND NEGLECT, AND FOR OTHER PURPOSES

MARCH 26, 27, 31; AND APRIL 24, 1973

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CHILD ABUSE PREVENTION ACT, 1973

MONDAY, MARCH 26, 1973

U.S. Senate,
Subcommittee on Children and Youth
of the Committee on Labor and Public Welfare,
Washington, D.C.

The subcommittee met at 9:30 a.m., pursuant to call, in room 4232, Dirksen Office Building, Senator Walter F. Mondale (chairman of the subcommittee) presiding.

Present: Senators Mondale, Randolph, and Stafford.

Committee staff members present: A. Sidney Johnson and Ellen Hoffman, professional staff members.

Senator Mondale. The committee will come to order.

This morning we commence hearings on the Child Abuse Prevention Act, S. 1191. Only 10 days ago the stepmother of 9-year old Donna Stern of Cedar Grove, Md., was found guilty of the premeditated murder and torture of the child. The child had been beaten, burned, and whipped by the stepmother.

Ugly as it sounds, this is not an isolated case. Each year some 60,000 children in this country are reported to have been abused, some to the point of permanent injury and even death. Child abuse is not a new problem and it is not one which has gone unrecognized in the past.

In the past 10 years, every State in the Union has either passed or updated laws which require the reporting of child abuse or suspected child abuse. Details of these laws differ. Some require physician reports, others place the obligation on social workers, nurses, or all of these groups. In some States the report is made to the social service agencies and in others to police authorities.

But the variation among these laws doesn't matter. What matters is that we have seen that they don't work. Child abuse still continues to go undetected and untreated in case after case. Often the cries for help from parents and children alike go unheeded.

It is time to reexamine our past efforts to prevent, identify and treat child abuse. It is time to figure out where we have gone wrong for once and for all to put an end to the tragic accounts that temporarily jolt us from our newspaper or television sets, before we file them away somewhere in the corner of our minds so we don't have to think about them.

Today the subcommittee is opening hearings on the Child Abuse Prevention Act, S. 1191, which I and 13 cosponsors introduced earlier this month.

The subcommittee will reconvene at 10 a.m. tomorrow to hear Dr. Paulsen, dean of the University of Virginia Law School, a nationally recognized authority on child abuse laws, formerly my professor at the University of Minnesota; Dr. Annette Heiser and other members of the child abuse team at the District of Columbia Children's Hospital, and possibly a representative of the administration.

Saturday we are going to Denver to hear from an outstanding University of Colorado Medical Center team which we are told has one of the finest, if not the best, programs seeking to deal with child abuse and to prevent it.

The bill we are considering today is intended to be a vehicle for a thorough study of the medical, legal and sociological aspects of child abuse.

The subcommittee is interested in hearing testimony to help us with legislation that will provide a meaningful solution to this terrible problem.

In a sense, these are pioneering hearings for the Congress because at least in terms of legislation this would be the first attempt to identify and deal with this problem at the national level.

These hearings are supported and encouraged by the chairman of the full committee, Senator Harrison Williams, who wrote me as the subcommittee chairman sometime ago urging that hearings be held and that the committee follow up with legislation. I will place that letter into the record. I would also ask that a copy of S. 1191, the "Child Abuse Prevention Act," be printed in the record.

[The letter referred to and a copy of S. 1191 follow:]

U.S. SENATE,
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C., March 8, 1973.

Hon. WALTER F. MONDALE,
Chairman, Subcommittee on Children and Youth, Committee on Labor and Public Welfare, Washington, D.C.

DEAR FRITZ: I have been following with great interest the preliminary research and investigation which the Subcommittee on Children and Youth has conducted in the area of child abuse. The compilation of materials which the subcommittee published last winter is an important beginning.

Child abuse is a sickening, largely overlooked problem in America. In the last several months, however, the media has begun to turn its attention to this phenomenon and it has become clear that brutality against children by their parents has been dramatically and tragically increasing. This fact is confirmed by recent studies showing child abuse to be on the rise in the United States. We can no longer afford to ignore this situation and the implications that it has for children, families, and, indeed, the entire Nation.

As chairman of the Labor and Public Welfare Committee, I cannot urge you strongly enough to expand your subcommittee's examination and evaluation of this issue. It is my hope that you will begin hearings as soon as possible with a goal of identifying precisely what role, if any, Federal legislation and Federal resources might play in the solution of this problem. The time has come to prevent the occurrence of child abuse, identify the victims, and provide the necessary help to these children and their families.

I want you to know that you will have my full support and cooperation in this vital effort.

Sincerely,

HARRISON A. WILLIAMS, Jr.,
Chairman.

93d CONGRESS
1st Session

S. 1191

IN THE SENATE OF THE UNITED STATES

MARCH 13, 1973

Mr. MONDALE (for himself, Mr. BAYH, Mr. BEALL, Mr. BIBLE, Mr. HATHAWAY, Mr. HUGHES, Mr. KENNEDY, Mr. MCGOVERN, Mr. PACKWOOD, Mr. PASTORE, Mr. PELL, Mr. RANDOLPH, Mr. STAFFORD, and Mr. WILLIAMS) introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

---

A BILL

To establish a National Center on Child Abuse and Neglect, to provide financial assistance for a demonstration program for the prevention, identification, and treatment of child abuse and neglect, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Child Abuse Prevention Act".

THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

SEC. 2. (a) The Secretary of Health, Education, and Welfare (hereinafter referred to in this Act as the "Secretary") is authorized and directed to establish an office to be known as the "National Center on Child Abuse and Neglect" (hereinafter referred to in this section as the "Center").

(b) The Secretary through the Center shall—

(1) compile a listing of accidents involving children who have not obtained eighteen years of age;

(2) compile, analyze, and publish a summary annually of recently conducted and currently conducted research on child abuse and neglect;

(3) develop and maintain an information clearinghouse on all programs, including private programs showing promise of success, for the prevention, identification, and treatment of child abuse and neglect; and

(4) compile and publish training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect.

(c) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

DEMONSTRATION PROGRAM FOR THE PREVENTION, IDENTIFICATION, AND TREATMENT OF CHILD ABUSE AND NEGLECT

SEC. 3. (a) The Secretary is authorized and directed to make grants to, and enter into contracts with, public agencies or nonprofit private organizations for demonstration programs designed to prevent, identify, and treat child abuse and neglect. Grants under this section may be used—

(1) for the development and establishment of training programs for professional and paraprofessional personnel in the fields of medicine, law, and social work who are engaged in, or intend to work in the field of the prevention, identification, and treatment of child abuse and neglect;

(2) for furnishing services of teams of professional and paraprofessional personnel, who are trained in the prevention, identification, and treatment of child abuse and neglect cases, on a consulting basis to small communities where such services are not available; and

(3) for such other innovative projects that show promise of successfully preventing or treating cases of child abuse and neglect as the Secretary may approve.

(b) There are authorized to be appropriated $10,000,000 for the fiscal year ending June 30, 1973, and $20,000,000 for each of the succeeding four fiscal years.

THE NATIONAL COMMISSION ON CHILD ABUSE AND NEGLECT

SEC. 4. (a) There is hereby established a National Commission on Child Abuse and Neglect.

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(b) The Commission shall be composed of fifteen members to be appointed by the President from among persons who by reason of experience or training in the field of preventing and treating child abuse and neglect are especially qualified to serve on the Commission. The Secretary and the Director of the Office of Child Development shall be ex officio members of the Commission. Appointment of the Commission shall be completed not later than sixty days following enactment of this Act.

(c) (1) The President shall designate one of the members to serve as chairman and one to serve as vice chairman.

(2) Any vacancy in the Commission shall not affect its powers. Eight members of the Commission shall constitute a quorum.

(d) (1) The Commission shall make a complete and full study and investigation of—

(A) the effectiveness of existing child abuse and neglect reporting laws and ordinances, with special consideration of the impact, if any, of penalties of varying severity for child abuse, on the effectiveness of provisions requiring the reporting of child abuse by medical doctors and other professionals.

(B) the proper role of the Federal Government in assisting State and local public and private efforts to prevent, identify, and treat cases of child abuse and neglect.

(2) The Commission shall transmit to the President and to the Congress not later than one year after the first meeting of the Commission a final report containing a detailed statement of the findings and conclusions of the Commission, together with such recommendations, including recommendations for legislation, as it deems advisable.

(e) (1) The Commission or, on the authorization of the Commission, any subcommittee or members thereof, may, for the purpose of carrying out the provisions of this title, hold such hearings, take such testimony, and sit and act at such times and places as the Commission deems advisable. Any member authorized by the Commission may administer oaths or affirmations to witnesses appearing before the Commission or any subcommittee or members thereof.

(2) Each department, agency, and instrumentality of the executive branch of the Government, including independent agencies, is authorized and directed to furnish to the Commission, upon request made by the Chairman or Vice Chairman, such information as the Commission deems necessary to carry out its functions under this Act.

(3) Subject to such rules and regulations as may be adopted by the Commission, the Chairman shall have the power to—

(A) appoint and fix the compensation of an executive director, and such additional staff personnel as he deems necessary, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, but at rates not in excess of the maximum rate for GS–18 of the General Schedule under section 5332 of such title, and

(B) procure temporary and intermittent services to the same extent as is authorized by section 3109 of title 5, United States Code, but at rates not to exceed $50 a day for individuals.

(4) The Commission is authorized to enter into contracts with Federal, State, and local public agencies, and with private, nonprofit firms, institutions, and individuals for the conduct of research or surveys, the preparation of reports, and other activities necessary to the discharge of its duties.

(f) Members of the Commission shall receive compensation at the rate of $100 per day for each day they are engaged in the performance of their duties as members of the Commission and shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties as members of the Commission.

(g) There are hereby authorized to be appropriated such sums as may be necessary, not to exceed a total of $——— to carry out the provisions of this section.

(h) On the ninetieth day after the date of submission of its final report to the President, the Commission shall cease to exist.

CHILD ABUSE PREVENTION PROGRAMS UNDER SOCIAL SECURITY ACT

SEC. 5. Section 422 (a) (1) of the Social Security Act is amended—

(1) by striking out "and" at the end of subparagraph (B) thereof, and

(2) by adding after subparagraph (C) thereof the following new subparagraph:

"(D) effective July 1, 1973, includes, with respect to the prevention of child abuse, a special program under which—

"(i) effective procedures are established for the discovery of instances of child abuse and neglect, and for the prevention, remedying, and otherwise treating of the problem of child abuse and neglect (including procedures to assure the enforcement of State and local laws dealing with child abuse), "(ii) there is collected and reported to the Secretary and to the public such information and data (in accordance with regulations of the Secretary) which adequately and fully reflect the extent to which laws of the State (and the enforcement of such laws) are adequate in meeting the problem of child abuse in the State, and the steps, if any, which are being taken to assure the adequacy of such laws and the enforcement thereof, and

"(iii) cooperative arrangements are entered into with the State health authority, the State agency primarily responsible for State supervision of public schools, and other appropriate agencies to assure to the maximum extent feasible that instances of child abuse will be reported to the appropriate agencies within the State and that appropriate services and action are taken by such agencies with respect to each instance of child abuse so reported, and".

Senator **Mondale.** Senator Randolph.

Senator **Randolph.** It is a privilege to join with Senator Mondale, the able chairman of the Subcommittee on Children and Youth, as our subcommittee begins an intensive inquiry into the critical area of child abuse and as we begin hearings on S. 1191, the Child Abuse Prevention Act.

Although there is much that is still unknown about child abuse, our subcommittee and the public in general are becoming more aware of the alarming incidence of child abuse throughout the Nation.

Horrifying examples of abused children, often resulting in death, immediately come to public attention through the media. However, there are many cases of lesser degree where children have been beaten or neglected that go unnoticed. The frustrations of society as we attempt to deal with abused children and abusive parents are many.

A recent study by Dr. C. Henry Kempe of Denver, whom the subcommittee will hear, concluded that there are now approximately 60,000 reported cases annually where children have possibly been abused. Of greater importance are estimates that for every reported case of child abuse, there are from 10 to 100 cases, that are not reported. About 50 percent of these abused children will have permanent physical injury and almost all will have mental and psychological problems.

It is my hope that our hearings will help the Congress and the Nation to gain a better understanding of what must be done to insure the health and safety of our children.

S. 1191, introduced by Senator Mondale, is a vehicle by which we can move forward to give the attention so necessary for the protection of our children. This measure, of which I am a cosponsor, can lead to the development of the comprehensive national effort which is needed if we are to come to grips with this problem.

Perhaps efforts to identify cases of child abuse have been stymied in the past by a reluctance on the part of people to believe that parents can physically beat or severely neglect their children. Many cases have gone undetected or have been swept under the rug because responsible citizens do not want to get involved. In recent years, however, this trend has been reversed.

In the last 10 years, many States have enacted child abuse reporting laws mandating that known cases of abuse be reported. All 50 States now have such codes and regulations, but these existing laws are not being transformed into workable programs for the detection and treatment of child abuse.

In many instances responsible professionals required to report cases do not do so because of a fear of involvement.

It is, however, their moral and professional duty to see that suspected cases of abuse are brought into the open. Many interested citizens who might be aware of abuse cases have no knowledge that procedures are available whereby they can report such cases. Only 10 States require that a person knowing of incidences of child abuse must report to proper authorities.

The most repugnant cases of abuse involve severe beatings, which experts have characterized as the "battered child syndrome." While these cases are the first to come to the attention of the public, there are many other forms of child abuse which may be less serious and more frequent.

Child abuse is not only characterized by extreme physical beatings, but may also include sexual abuse, deprivation of normal and sufficient care and nutrition and neglect on the part of the parents. Also there is an area of child abuse which is not necessarily the result of parental abuse or neglect.

Some children require special attention—emotional, mental, physical—which parents may be unable to provide due to lack of finances and/or knowledge and training. Programs must be comprehensive enough so that all types of abuses are recognized and treated.

It is a serious national responsibility to guarantee every protection to our children. We must insure that cases of abuse are identified and reported and that proper care is provided for the children. Because these tragedies most frequently occur within the family it is imperative that cases of abuse are detected as early as possible so that adequate treatment is afforded to both the abused child and the abusive parent. To reunite the family where a loving atmosphere can once again be established should be of immediate concern.

In many cases, however, it may not be possible to return the child to the custody of his parents. It then becomes the responsibility of society to provide protective services for children who must be separated from their families because of mistreatment or abuse. It is important in the rehabilitation process for the child to be provided with a normal, home-like atmosphere. Often this does not occur.

In too many cases children are placed in large institutions through court proceedings because adequate small scale attention facilities for their care do not exist. Local jails, juvenile correctional institutions, and State homes for children are full of children who have been abused, neglected or have run away from home because of a lack of care.

The size or basic purpose of these institutions create an environment that only complicates the lives of such children. Permanent psychological damage may result. Children who have done nothing wrong may be intermingled with hardened criminals, left only to learn the ways of crime or be subjected to a life where drugs and violence are dominant.

Adjustment to the restrictions of institutional life is terribly difficult for children. Many children are unable to adjust and they then become a part of our institutional system forever.

In far too many cases, children who have already suffered extreme physical and mental hardships, enter a system that constitutes nothing more than a policy of institutional child abuse.

Our subcommittee is striving to find solutions to these problems and many others in this area. We will need the help of many persons as we work to define the scope and intensity of the problem and what the Federal role should be in finding solutions. Our children are our greatest resource. We owe them every opportunity to grow and prosper in a healthy and normal environment.

Senator MONDALE. Senator Stafford has submitted a prepared statement which we will enter in the record at this time.

[The prepared statement of Senator Stafford follows:]

PREPARED STATEMENT OF HON. ROBERT T. STAFFORD, A U.S. SENATOR FROM THE STATE OF VERMONT

Mr. Chairman, the problem of child abuse in our society is a tragic and complicated problem. I was happy to join with you as a cosponsor of S. 1191, the "Child Abuse Prevention Act."

I feel that action must be taken to protect the rights of those children who are abused because the violations against these children are violations against all our basic rights. Also important is the need to provide the means to help those parents who perpetuate abuse beyond what could be called "normal discipline."

Mr. Chairman, we are supposed to uphold and defend the rights of all the citizens of this country and we should proceed toward the solution of this problem of child abuse.

Senator MONDALE. Our first witness is Prof. David Gil of Brandeis University, perhaps the Nation's top scholar in this field. He is author of the book entitled "Violence Against Children: Physical Child Abuse in the United States."

STATEMENT OF DAVID GIL, PROFESSOR OF SOCIAL POLICY, BRANDEIS UNIVERSITY, WALTHAM, MASS.

Mr. GIL. Mr. Chairman and members of the subcommittee. Thank you for inviting me to testify before you. My name is David Gil. I am professor of social policy at Brandeis University in Waltham, Mass.

Several years ago, at the request of the Children's Bureau of the U.S. Department of Health, Education, and Welfare, I conducted a series of nationwide studies on physical abuse of children. To my knowledge, these studies are, so far, the only systematic investigation of this phenomenon of a nationwide scale.

Findings of these studies and recommendations based on these findings were published in 1970 by Harvard University Press in my book "Violence Against Children."

You have asked me specifically to focus my testimony on four issues of concern to the subcommittee, namely:

A definition of child abuse; statistics of incidence; a summary of what is know about perpetrators and victims of child abuse; and my thought on the legislation before you.

DEFINITION OF CHILD ABUSE AND NEGLECT

Child abuse may be defined in a variety of ways, depending on the purpose for which the definition will be used. Medical practitioners engaged in the diagnosis and treatment of physically abused children tend to use definitions based on physical or anatomical symptoms identifiable in their child-patients.

Mental health workers who are concerned with emotional abuse in addition to physical abuse prefer to broaden their definitions of child abuse to include signs of psychological damage.

Social workers, law enforcement authorities and others whose interest extends beyond the victims of abuse to perpetrators of abusive acts focus their definitions not only around observable, physical and psychological consequences of abuse, but also around behavioral and motivational characteristics of perpetrators.

Finally, legislators and social policy specialists whose concern is the protection of all children against potentially injurious acts and conditions require comprehensive definitions which take account, not only of clinical, physical, and psychological aspects of child abuse, but also of cultural, social, economic, and political factors which presumably constitute the dynamic sources of this destructive phenomenon.

Definitions, it should be noted, involve not only factual elements, but also value premises. Therefore, before suggesting a definition of child abuse which should be useful in formulating social policies for the protection and well-being of the Nation's children, I wish to explicate the value premises underlying the proposed definition. These value premises may be stated as follows:

Every child, despite his individual differences and uniqueness, is to be considered of equal intrinsic worth, and hence would be entitled to equal social, economic, civil, and political rights, so that he may fully realize his inherent potential, and share equally in life, liberty and the pursuit of happiness. Obviously, these value premises are rooted in the humanistic philosophy of our Declaration of Independence.

In accordance with these value premises then, any act of commission or omission by individuals, institutions or society as a whole, and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties, and/or interfere with their optimal development, constitute, by definition, abusive or neglectful acts or conditions.

The definition proposed herewith is specific enough to identify physical and emotional abuse and neglect resulting from acts of commission or omission on the part of parents and other individual caretakers. Yet, at the same time, this definition is broad enough to cover also a wide range of abusive and damaging acts perpetrated against children by such institutions as schools, juvenile courts and detention centers, child welfare homes and agencies, correctional facilities, and so forth.

Finally, this definition covers also abuse and neglect tolerated or perpetrated by society collectively. Illustrations of this latter type of abuse and neglect are malnutrition and at times starvation of expectant mothers and children, inadequate medical care of mothers, children and whole families, substandard housing and other aspects of life in poverty-stricken neighborhoods, inadequate educational, recreational, and cultural provisions, and many more well-known conditions which tend to seriously inhibit normal and healthy human growth and development.

To round out this brief discussion of a definition of child abuse and neglect some comments seem indicated concerning the probable causes and dynamics of this complex syndrome.

Many professionals, investigators, the communications media and the general public tend to view child abuse as deviant behavior. In this view perpetrators of abuse are emotionally sick individuals and the abusive act is a symptom of their psychological disturbance.

Senator **Mondale**. Would you yield?

We have reports of a whole range of outrageous acts against children which seem to me to fall outside what one could possibly call normal discipline. This includes beating with weapons, kicking, torture, strangling, stabbing, scalding, burning, poisoning, dismemberment, starvation, imprisonment, freezing, crushing. These are some of the instances which have come to our attention. Surely that cannot be called normal discipline, can it?

Mr. GIL. Certainly not, sir. I think the phenomena you describe are one aspect of a spectrum and perhaps the most extreme aspect of it.

They are likely to be consequences of emotional illness, emotional disturbance. However, even these kind of behaviors, this kind of illness, have to be viewed in relation to generally accepted traits in a culture, because mental illness usually constitutes extreme manifestations of traits we find in every one of us.

Senator MONDALE. That is the same argument one hears about alcoholism, isn't it? An alcoholic is merely reflecting deeper underlying problems and, therefore, such efforts as Alcoholics Anonymous which seeks to treat the symptoms and somehow restrain these impulses to the point where a person can manage to live, to work, take care of a family, hold a job. It is somewhat the same argument, isn't it?

People who abuse their children this way are simply reflecting deeper problems and we ought to look at those problems?

Mr. GIL. Certainly. I would say that those who abuse their children out of unconscious drives over which they have no conscious control would fall into this group.

However, others abuse children as a result of what is considered appropriate child-rearing behavior which becomes extreme due to chance factors.

You meant to hit a child on his behind and he turns around and you hit him on his head. There are many such cases.

From our observations, statistically, such incidents are not a minority. They are perhaps less sensational and less frequently written up and discussed. I am trying to suggest a comprehensive definition that allows for extreme cases of emontional illness as well as cases which are within normal behavior.

In order to prevent the extremes, it seems to me we have to understand the total range, and prevent the phenomenon at its sources.

Senator MONDALE. Please proceed.

Mr. GIL. While it is probably true that numerous incidents of child abuse are indeed results of emotional illness on the part of the perpetrators, many other incidents occur in perfectly normal families. This should surprise no one as the use of physical force in the rearing and disciplining of children is widely accepted in our society.

Commonsense suggests that whenever corporal punishment is widely used, extreme cases will occur and children will be injured. Quite frequently acts aimed at merely disciplining children will, because of chance factors, turn into serious accidents.

Our studies indicate that the widespread acceptance in our culture of physical discipline of children is the underlying factor of physical child abuse in private homes, in schools and in various child care settings such as foster homes, detention homes, correctional institutions, and so forth.

It should be noted here that abusive incidents which occur in the context of emotional illness of perpetrators are also facilitated by the general cultural acceptance of the use of physical force in child rearing. For symptoms of emotional illness are often exaggerated expressions of normal traits existing in a culture.

These brief comments on the causal dynamics of child abuse suggest that the real sources of this phenomenon may be deep in the fabric of society rather than within the personalities of individual perpetrators. Hence, blaming individual perpetrators, as we tend to do, means merely to shift responsibility away from society where it really belongs.

The tendency to interpret social problems through individual rather than sociocultural dynamics is, by the way, not unique in relation to child abuse.

We tend to interpret most social problems as results of individual shortcomings, and we are thus able to maintain the illusion that our social system is nearly perfect and need not undergo major changes in order to overcome its many destructive societal problems.

INCIDENCE, DISTRIBUTION AND NOTES ON PERPETRATORS AND VICTIMS

Reliable information on the real incidence of child abuse is not available because of differences of opinion as to what incidents and situations are to be classified and counted as child abuse, and also because of the nonpublic nature of many cases. There is some information on the number of legally reported cases. Yet, this information is of limited value since criteria and procedures for reporting vary widely across States and localities. Moreover, reported incidents are merely an unknown fraction of real incidence.

In spite of the limited validity and reliability of officially reported figures, several observations may be made on the scope and distribution of child abuse and the characteristics of perpetrators and victims.

First of all, it should be noted that there is no basis to the frequently made claim that the incidence of child abuse has increased in recent years. One simply cannot talk about an increase or decrease of a phenomenon unless one has accurate counts over different periods of time. Such counts are not available, and hence, there is no basis for comparison over time.

What has increased in recent decades is the awareness of, the interest in, and the concern for this phenomenon. Awareness, interest, and concern are mutually reinforcing and, hence, we end up with an impression of change in incidence.

While then, we have no evidence for or against an increase in real levels and rates of incidence, we have evidence of increases in reporting levels. This increase, however, seems due largely to improvements over time in the administration of reporting legislation and to growing awareness among physicians and others responsible for reporting.

Reporting levels are known only for 1967 and 1968, the years of the nationwide surveys. Nearly 6,000 cases were reported in 1967 and over 6,600 in 1968. For subsequent years figures are available only for certain States and localities. These figures suggest overall increases in reporting levels for selected jurisdictions.

Reported incidents involve nearly exclusively abuse of children in their own homes. There are hardly ever any reports on child abuse in schools and children's institutions although this kind of abuse is known to occur frequently all over the country. Public authorities seem simply reluctant to keep records of child abuse in the public domain.

There are also no systematic records of the massive abuse and neglect of children due to malnutrition and hunger, inadequate medical care, inadequate education and substandard living conditions as can be found in migrant labor camps, in urban and rural slums, on Indian reservations, and in many other settings.

To my way of thinking, these public forms of abuse and neglect are the most serious ones in qualitative and quantitative terms, but also the least talked about, thought about, and acted upon aspects of the child abuse spectrum.

I do not want to take up your time with a recitation of statistics from the 1967 and 1968 surveys published in my book and papers. The summary of this material is included in the pamphlet made available along with my written testimony. I would like to mention, however, certain unmistakable trends suggested by these statistics.

While physical abuse of children is known to occur in all strata of our society, the incidence rate seems significantly higher among deprived and discriminated against segments of the population. This difference cannot be explained away by the argument that medical and other authorities are less likely to suspect and report abusive incidents among the privileged segments of the population.

Senator MONDALE. Would you yield there? Would you not say that the incidence of child abuse is found as well in the families of middle-class parents?

Mr. GIL. Definitely so.

Senator MONDALE. And upper income parents?

Mr. GIL. Yes.

Senator MONDALE. While the incidence may strike the poor, as you later argue, more heavily than the rest, yet this is a national phenomenon that is not limited to the very poor.

Mr. GIL. Definitely.

Senator MONDALE. You may go into some of the finest communities from an economic standpoint and find child abuse as you would in the ghettos of this country.

Mr. GIL. Definitely so. However, as I have said on another occasion, the factors that lead to abuse among the well-to-do are the same that also lead to abuse among the poor. The poor have in addition many more factors.

Senator MONDALE. I know you are going to get to that. But this is not a poverty problem; it is a national problem.

Mr. GIL. That is correct.

Senator MONDALE. Second, would you not say that upper middle-class Americans with their influence might be better able to obscure from the public, from prosecuting authorities and the rest, the fact of the child abuse more successfully than perhaps others in American society?

Mr. Gil. Definitely. I think the life of the poor is more open to scrutiny. Everything they do or fail to do is immediately reported and considered a major issue, whereas the upper and the middle classes get away with a variety of questionable acts and behaviors, and we have less systematic information on them.

Senator Mondale. You have tried to develop statistics on the incidence of child abuse. As you reported, it is very difficult to do so because they don't exist. Would you not say that this effort on the part of wealthier families to protect themselves from the shame of child abuse, and also the reluctance of public institutions to expose to the public information about abuse in those institutions, are such that the incidence of child abuse may be greater than the statistics indicate or the general summaries have indicated?

Mr. Gil. Sir, there is no connection whatsoever between the statistics and reality on this particular issue, be it for the well-to-do or for the less privileged groups of society.

The statistics are meaningless. I say this as a person who has tried to collect them for several years. We have also conducted a public opinion survey to ask a representative sample of adult Americans about cases of child abuse they knew personally within the course of 1 year. This gave us an incident rate of several million as an estimate.

This is not a reliable method. It is the kind of method pollsters use to predict who is going to be President. We ask about 1500 Americans all over the country and we take percentages in their reply and extrapolate them to the total population. We have done the same thing in an attempt to indirectly measure the scope of child abuse. We arrived at figures, I think, of 2.5 to 4.1 million as an annual incidence for 1965.

Senator Mondale. Please proceed.

Mr. Gil. Commonsense supports the repeated findings of higher incidence rates among low income and minority groups. Compared to other groups in the population, the living conditions of these deprived population segments involve much more strain and stress and frustration in daily existence which are reflected in lower levels of self-control, and in a greater propensity to discharge angry and hostile feelings toward children.

Besides, economically deprived families tend to live under more crowded conditions. Also, the rate of one-parent families is much higher in these population segments, and parents have fewer opportunities to arrange substitute care for their children and take a rest from child care responsibilities.

Your bill, sir, on day care and child development would have been an important preventive measure in this respect because it would give to families in these social classes a similar opportunity for alternative child care that is available now to middle-class and upper-class families who are not all the time cooped up with their kids.

Finally, parents in economically deprived families have themselves had little exposure to educational opportunities and hence, their child-rearing methods are more traditional and rely more on physical means of discipline.

We thus cannot escape the conclusion that incidence rates of child abuse on the part of individual parents tend to be higher in economically deprived families whose children are also more exposed to the many forms of societal abuse implicit in poverty.

One other widespread, erroneous impression concerning incidence rates needs to be corrected. This is the notion that child abuse involves primarily very young children. Available nationwide figures for 1967 and 1968 suggest that about half the reported abuse incidents involve schoolaged children, and over 75 percent of reported victims of abuse were over 2 years old.

There is also a higher rate of incidence during adolescence, especially for girls, when parents get anxious about their daughters' dating patterns. Very young children tend, however, to be more seriously injured when abused, and fatal injuries occur nearly exclusively among the very young.

COMMENTS ON S. 1191

In turning now to the specific provisions of the bill before you, we must examine whether, and to what extent, its substantive provisions match its stated objectives, namely, to prevent child abuse.

In my view, S. 1191 includes elements which could contribute to the treatment and reduction of certain types within the broad spectrum of child abuse.

However, while such contributions are desirable in themselves, they seem inadequate, in terms of available knowledge, to the task of preventing all aspects of child abuse. Let me mention some of the shortcomings in the bill which should be corrected in order to strengthen it.

First of all, the language of the bill lacks a definition of child abuse and neglect. Without such a definition, it is not clear what is to be identified, treated, and prevented, nor will it be possible in the future to evaluate the effectiveness of the bill.

It would also be desirable to include in the bill a positive statement concerning the basic rights of children as persons entitled to the full protection of the U.S. Constitution and the Bill of Rights.

Such a statement by the Congress could over time serve as an important lever to assure these rights, if necessary, through action in the Federal courts.

More specifically, it seems to me the Congress ought to outlaw through this bill all forms of physical force used against children in the public domain, in schools, and in child care facilities, under the guise of disciplining them. This form of discipline undermines the human dignity of children.

It is nothing but an ancient, cruel ritual which never serves the real educational and developmental needs of children, but merely provides ventilation for the frustrations of adults. Being exposed to corporal punishment teaches children that might is right. It results in resentment and fear of their attackers.

At best it achieves short-range, externally enforced, discipline based on fear, but not steady, long-term internalized discipline based on positive identification with caring adults.

We know that learning requires positive human relations which are apt to be destroyed by corporal punishment or the ever-present threat of it. It may be of interest to note that Massachusetts, where I live, is one of three States in the Nation which outlawed corporal punishment in its schools and public institutions. Yet, our children and schools in Massachusetts are certainly not worse in academic achievement and overall discipline than the schools and children of other States.

One important byproduct of outlawing the use of physical force in schools and institutions would be an unambiguous signal to all parents and educators that it is the sense of Congress that educators and parents should use more constructive measures to bring up and discipline children than inflicting physical pain and indignities upon them.

Such a message from the Congress could initiate a rethinking of the entire child rearing context in the country. Without such rethinking and without an eventual redefinition of the status and the rights of children, child abuse can simply not be prevented.

The bill before you should also spell out what you consider a minimum living standard which the public must assure to all children in order to avoid socially sanctioned abuse and neglect.

From my perspective, and in accordance with the philosophy of the Declaration of Independence, these minimum standards ought to be complete equality of rights for all children which can be achieved through systematic redistribution of our national wealth and income and of political power.

You may not be ready to opt for equality right away, but in any case you should specify in the bill a level of decency and adequacy of living standards below which a child would be considered abused and neglected, and hence, entitled to protection. Perhaps you could set 1976, the 200th anniversary of our Nation, as the target date for total equality.

I would like to end with a few specific comments and questions on the bill. I assume the National Center on Child Abuse and Neglect is to be an integral unit of the existing Office of Child Development. In my view this is preferable to establishing a separate office within HEW, since the prevention of child abuse and neglect are to be viewed as integral aspects of promoting the development and well-being of all children, which, I suppose, is the function of the Office of Child Development.

I do not understand the term "accident" in section 2(6)(1). Is the intent to list all accidents of any kind involving children under age 18, or merely accidents suspected to involve abusive or neglectful acts? What is the purpose of listing these accidents?

Is the intent to develop a nationwide registry which could serve a variety of objectives, including research and the identification of suspected perpetrators and repeaters? It seems the vagueness of this provision requires clarification.

I hesitate to raise questions concerning the proposed demonstration programs and the $90 million to be authorized for it over the next 5 years. I am concerned that we may create one more illusion that child abuse can be prevented through ameliorative, clinical services. We have in the past developed many programs which were addressing the symptoms rather than the roots of social problems. I have an uncomfortable sense that the demonstration programs under this bill may fall into this category, and that at the end of 5 years, after spending $90 million, and after creating and supporting numerous service programs, nothing really significant will have happened in terms of prevention.

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We must be willing to face the hard reality that preventing child abuse and neglect is possible only when we are ready to attack its sources in the fabric of our society and culture, rather than merely provide social and medical services to its victims.

I would suggest that the mandate of the proposed National Commission be broadened. In addition to studying administrative aspects of child abuse reporting, the Commission should investigate the underlying dynamics of child abuse and neglect in our society and should develop policy recommendations aimed at eliminating the sources of this ghastly phenomenon.

I would also recommend that the Secretary of HEW and the Director of the Office of Child Development not be ex officio members of the Commission in order to preclude influences by officials responsible for the administration of existing policies and programs, the effectiveness of which may have to be questioned by the Commission.

The Secretary and Director will have ample opportunity to comment on the findings and recommendations of the National Commission once it makes its report to the President and the Congress.

In concluding my testimony I would like to stress that my critical comments should not be interpreted as opposition to the enactment of a bill on preventing child abuse and neglect. Such a bill is certainly essential.

The purpose of my critique is merely to suggest possible approaches to assure that the bill, when enacted, will accomplish the objectives implicit in its title, to prevent the abuse of our Nation's children.

Mr. Chairman, members of the subcommittee, thank you again for the opportunity to present to you my views on the protection of this Nation's most important resource: our children.

[Further information furnished by Dr. Gil follows:]

Senator MONDALE. Thank you, Dr. Gil, for a very fine statement.

Senator Randolph?

Senator RANDOLPH. Thank you.

I think if we get down to specifics, Dr. Gil, it is very important, and that is what I want to do. In West Virginia there is a Sugar Creek Children's Center. I say to you and the chairman and those present that it is not an institution in any sense of the word.

There were two women who had been in juvenile court work in Los Angeles. One of them had a background of family and birth in the State of West Virginia. From their experience—and all of this I will spell out and document—in that metropolitan area on the west coast they came to understand the problems of juvenile delinquency, and also the problems of child abuse. So they came back and literally, in a bootstrap operation, talked with several of us in the area in which we live, and they talked to Judge Triplett, a circuit court judge, and to Judge Luff, a circuit court judge..

They said what they desired to do was to have a children's residence, as it were, a home, but in no sense an institution. It is remarkable what is being done. I shall place the evidences of that into the record.

I want to read from the reference which I made to this subject in remarks in the Senate on February 15, 1973.

The center's first child was a 12-year-old boy who had been beaten with a chain by his father and had run away from home. A social worker approached Mrs. Stern and Mrs. Norman, the two women involved in the center, and asked them to keep this boy until he could be placed in a home.

At that point the women were constructing the building which now houses several children, perhaps the number approximating 10 at any one time.

But even though they did not have a room in the center, they had a room in their hearts, which was very, very important. They had almost a campsite, because they were in tents at that time as the construction with volunteer workers as well as paid workers went on.

In 6 months, Doctor, Arthur had learned to read, to write, to speak, to sit at the table, eat with utensils—a long way from the home where he was fed from a plate on a dirt floor.

This is an actual occurrence. It is not a dream that is spoken of today. It is an actual occasion that took place.

He grew from a size 8 to a size 14 in clothes, a long way from the days when he was classified as malnourished. Remember, even in that condition he was returned to his parents.

These are the cases that I think we do not hear about, that we do not know about, but they do exist, thousands of them throughout this country.

Now, as to what these two women are doing.

I am going to ask, Mr. Chairman, that parts of the statement and parts of an article that appeared in the Intermountain in my home city and other related materials be included in the record.

Senator MONDALE. Without objection.

[The information referred to and subsequently supplied follows:]

EMILY STURM AND DAWN NORMAN, ROUTE 2, PHILIPPI, W. VA.

Organization: Sugar Creek Children's Center, Inc., Route 2, Box 127A, Philippi, W. Va.

Location: Five miles north of Philippi, W. Va., forty-seven acres owned by the applicants.

Condition of need: Before the Sugar Creek Children's Center was established many children were forced to await court hearings in jail, after which many were placed in state correctional institutions because there are no other placements open to them. The children, whom the court would prefer to place in homes, are frequently "unplaceable" because they come from minority groups, welfare families and because they are teen agers.

Nature and degree of alienation: Children from all minority groups (welfare families consist of such a group as surely as do those from minority ethnic groups) suffer from the discrimination and lack social acceptance from infancy.

The family structure is frequently most unstable. Parents who have already given up in despair escape into alcoholism, promiscuity and crime.

In a small town, everyone knows these families by name. When the children start to school they are expected to fail and to be discipline problems. Already alienated by cultural, educational and emotional deprivation they are socially ostracized. The degree of alienation is so great that these children, at a very early age, show a lack of normal ambition. They see themselves as physically small and unattractive. They do not see achievement, careers, good jobs etc. as a possibility for them. They accept drunkenness, physical violence inflicted by the stronger on the weaker and welfare subsistence as the only way of life.

Reconciliation objectives: The object of Sugar Creek Children's Center, Inc., is to provide an environment which will give the children the best possible chance to develop into individuals with a sense of self-worth, social and personal responsibility. We are attempting to help these children enter the mainstream of society with more positive goals and self confidence and skills to achieve these goals.

The project is service orientated to the degree that it will provide society a means for caring for children. It is change orientated on two fronts. First of all to educate the community to a more positive and accepting attitude. Secondly to change the environments and thereby influence the attitudes of the children.

Number of persons affected: Operating with severely limited budget, the center has served 45 children during the past 2 years. There is space for 10 children. Normally 8 children are at the center.

Staff responsibility: Sugar Creek Children's Center is staffed by Mrs. Dawn Norman and Miss Emily Sturm. Former employees of Los Angeles County Probation Dept., they bring twenty years of experience to this work. This experience included delinquent, dependent, handicapped and culturally deprived children, every ethnic and religious background. Mrs. Norman also has wide experience in recreation and is the mother of three children. Miss Sturm is a native of Barbour County with some knowledge of the social problems of the area.

LOCAL COMMUNITY PARTICIPATION

1. 1970 Fund Drive to expand facilities: $6,000: In conjunction with Anglin Run Water Project, a fund drive for $8,000 was initiated, $2,000 for the water project, and $6,000 for the Sugar Creek facility (tripled floor space, added 3 bedrooms and a front room, all work except wiring was done by staff and volunteers). $5,000 was raised locally and $3,000 was channeled through Heart and Hand House, Philippi.
2. Alderson-Broaddus College students have been involved in tutoring on a volunteer basis and for class credit, and have furnished swimming lessons, movies and parties on campus, and have had healthy interaction with the children. Quarterly the students spend a day helping with physical improvement: painting, road renovation, landscaping, etc. The senior class of 1971 gave its class gift to the children's center.
3. Heart & Hand, Philippi, provides transportation for the tutors, made contact with the volunteers who did building renovation, involved the children in the Heart & Hand summer camps, provided trips and Christmas presents. The children were involved in the preparation of Christmas gifts for underprivileged families, and the older children helped as junior counselors in camp.
4. Miscellaneous local interest: numerous individuals have helped with mending, carpenter work, donations, and services.

Duplication: This project does not duplicate existing services because it is serving children heretofore "unplaceable."

Administration of program. The Center has the support of the local court under the direction of Judge Edward Luff. Caton Hill, Prosecuting Attorney, is Chairman of the Board of Directors of Sugar Creek Children's Center Inc. The Department of Welfare cooperates in the placement of children.

Local involvement: Local churches and organizations were involved in the fund raising drive, and the staff has spoken extensively about their work throughout the county.

Budget: Up until now the project has been run on a shoestring. The federal grant through the Governor's Committee on Crime, Delinquency and Correction offers stability to the project that is badly needed.

In May 1969, Dawn Norman and Emily Sturm returned to Barbour County to set up a recreation center on the 47 acres they had obtained from Miss Sturm's father. They have invested between $15,000 and $17,000 of their own savings to develop the property. In July 1969 the welfare department placed a child with them who would otherwise have to be placed in Pruntytown Industrial School.

August 1969, they were licensed as a foster home. November 1969 they were approved as the first "Attention Home" in West Virginia. The Attention Home program provides a $200 per month retainer fee for 24 hour availability so that children will not have to be placed in jail. This program expires in June 1972.

Help Needed for the Abused Child

[From the Congressional Record—Senate, Feb. 15, 1973]

Mr. **Randolph**. Mr. President, one of the most alarming and frustrating problems that we are faced with in this country is the increasing number of cases of the battered or abused child.

The cases of child abuse that most frequently come to the attention of the American people involve fatal or near-fatal beatings. However, there are many cases of maltreated and neglected children that go unnoticed and undetected.

The problem of the abused child is not new to this country. The first reported case was recorded in New York City in 1874. Due to a greater exposure by the press and television, cases of child abuse are reaching the American household more and more, pointing out the shocking reality of the problem.

Although there are no valid statistics that do point to an average national incidence, existing evidence indicated that reported cases are growing in alarming proportions. Of greater importance are estimates that for every reported case of the abused child, there are 10 to 100 cases that are not reported. Educated estimates in medical journals and studies conducted on this problem place the probable national incidence at over 10,000 per year.

There is a need for a national priority to halt the spreading disease of child abuse. Perhaps efforts in the past have been stymied by a reluctance on the part of people to believe that parents can physically beat or neglect the children. Many cases have gone undetected or have been swept under the rug out of reluctance on the part of responsible citizens to get involved.

We have a moral responsibility to do whatever possible to protect our children and insure their rights to a healthy and normal childhood. To determine the scope of the problem of child abuse is a difficult task. Many States have expanded their laws to improve existing statutes on the mistreated child.

A 3-year period between 1967 and 1970 saw an outpouring of legislative efforts on the part of many States in dealing with child care laws; 27 States and two territories have amended their statutes with respect to child abuse laws. All 50 States now have some form of child abuse codes.

However, there is no consistent policy on reporting procedures or requirements for those who must report known cases of battered children. The trend among the States seem to be toward expanding the reporting process beyond the medical profession into professional welfare and social workers. Yet the inadequacies of State laws are many. Where laws do exist there remains a problem of making people who may be interested aware of the routes for reporting incidences of child beatings. A national policy setting forth procedures for the reporting of incidences of child abuse, involving a simplification of the reporting process and setting exemptions for involvement of responsible professionals who are required to report, would give new direction to efforts in lessening this dread disease.

We must not stop in our attempts to help the abused child by only requiring stricter and expanded reporting procedures. In many cases the parent who abuses a child often has a history of being an abused child. Feelings of anxiety or frustration at home may also lead to child abuse or neglect on the part of the parent.

In the past the trend has been toward a strict legal penalty for the parent who has abused the child. Perhaps we need to pursue a new direction toward treatment of the parent as well as the child. Many parents through proper care can once again be united with their family.

Our responsibility, however, must also remain with the children to see that they are provided with adequate care. It is important in the rehabilitation process for the child to be provided with a normal, homelike atmosphere.

Demonstration or pilot projects should be established to test the success of programs dealing with the abused child. There are many fine centers and projects already in existence that could serve as a foundation for such a program. In my home State of West Virginia we have one such center which has been successful in meeting the needs of needy and abused children.

The Sugar Creek Children's Center near Philippi, W. Va., was established by two women, Mrs. Dawn Norman and Miss Emily Sturm, who left their careers as probation officers in California to travel to West Virginia. The center is run independently by the two ladies. Their idea originally was to establish a summer camp for affluent children, but these plans did not materialize. Mrs. Norman and Miss Sturm have moved forward, however, with a home for needy children—not needy in monetary terms alone, but children who need a homelike atmosphere, who need love and affection, who need good physical care, and who need responsibility. The property used for the center was donated by Miss Strum's family for their use.

The center's first resident was a 12-year-old boy who had been beaten with a chain by his father and had run away from home. A social worker approached Miss Sturm and Mrs. Norman and asked them to keep this youngster until he could be placed in a home. At that point in time the ladies were constructing the building which now houses the children, usually no more than 10, but they had room in their hearts and their campsite for a battered 12-year-old boy.

While the center serves as a home for delinquent children, no child in need of a home and care is turned away. In previous years, youngsters awaiting trial were sometimes placed in State corectional institutions because there was no suitable place for them to be housed. Perhaps we shall never know how many of these children were products of homes with mental and physical abuse. Could a stay in jail or an industrial home be an improvement over their home environments? Local judges do not think so and have been enthusiastic in their support and endorsement of this home. The ladies, with their wealth of experience in working with juveniles, are quick to point out that institutional living is certainly less than ideal and that children need a home-like atmosphere where they are participants as well as residents. Sugar Creek Children's Center can and should serve as an example to other communities in the care of children.

In September of last year I visited the Sugar Creek Center and saw the fine work that Miss Sturm and Mrs. Norman have done for the children and for their community.

One of our goals in aiding the abused child must be to see that States are allocated money to ensure that their programs are funded properly. Such existing programs as Sugar Creek and State institutions could be much more successful in meeting the needs of our youngsters if they were given more support from the State and Federal level.

A greater public awareness of what the problem is and what must be done are necessary if meangful progress is to be made in lessening the incidences of child abuse. Certainly, if more people were aware of the procedures for reporting and what can be done to treat both the child and the parent, more cases would be reported and more abused children could be cared for. In many cases the neglected or abused child, if not detected and treated, may end up on the roles of juvenile offenders. Adequate programs for training professional personnel are necessary if we are to detect, treat and rehabilitate the battered or neglected child.

As a member of the Subcommittee on Children and Youth of the Committee on Labor and Public Welfare, I commend the foresight and leadership that Senator MONDALE has displayed in initiating legislation and calling for hearings in this area of vital need. It is my hope that through hearings we can better come to grips with this crippling and often fatal disease and draft meaningful legislation to deal with the shocking problems of child abuse.

I ask unanimous consent that articles published in the Elkins, W. Va., Inter-Mountain, the Charleston Gazette, and the Ms Magazine describing the fine work done by Miss Sturm and Mrs. Norman at the Sugar Creek Children's Center be printed in the RECORD.

There being no objection, the articles were ordered to be printed in the RECORD, as follows:

[From the Elkins (W. Va.) Inter-Mountain, Sept. 1, 1972]

SUGAR CREEK "HOME" ESTABLISHED BY TWO WOMEN TERMED "PHENOMENAL"

(By Paul Frank)

The dream of a summer camp for rich kids—hatched in Los Angeles by professional probation officers Emily Sturm and Dawn Norman—never has become real.

Instead, after carting their life savings out of the big city and spending every cent on Miss Sturm's 47-acre Sugar Creek farm in Barbour County, the two women have created a home for delinquent and neglected children. Perhaps the best of the United States, the Sugar Creek Children's Center may not survive without quick financial support.

The Center, in the three years since it began with two sleeping bags tossed across the ground and a skinny-dipping bath in the Sugar Creek, has done work described by a United States Senator as "phenomenal."

Sitting in his shirtsleeves in the modern-looking living room of a five-bedroom home built by the foolish California women and the 65 children who have passed through the Center, U.S. Sen. Jennings Randolph leaned forward to entreat a "phenomenal" story from Miss Sturm. For all her professional life, she has been a probation officer, but her voice is a mixture of motherhood and best girl.

"They asked us if we would take a federal felon," Miss Sturm began. "We were expecting John Dillinger, Jr." What appeared was a 12-year-old-boy, Arthur unable to speak, who'd had only 31 days of school in his entire life. Arthur crawled into the Center on his hands and knees. Dubbed "untrainable" by a social worker, Arthur was listed as a custodial case—we were told he would have to be cared for the rest of his life.

In six months at the Center, Arthur learned to read, write, speak, sit up at a table and eat with utensils—a long way from the home where he was fed off a plate on a dirt floor. He grew from a size eight to a size 14 in clothes—a long way from the days when, at the age of two, he was diagnosed as malnourished but returned to his parents.

No matter how much Arthur ate, he still hid his food under his pillow at night—even his mashed potatoes. "Even though there had been plenty of food that day," Miss Sturm remembers, "he couldn't quite believe there would be more tomorrow."

"Like a dog who buries his bone," said Paul Jenkins, executive vice-president of the Benedum Foundation which might help out financially in the near future.

"Yes," Miss Sturm agreed. "When he stopped hiding his food, we knew he felt more secure."

This kind of aid—for 65 children in three years—began in the summer of 1969 when the two women arrived from Los Angeles. Professional probation officers in that city, they had withdrawn their retirement money to start a summer camp for affluent children.

"We didn't know there weren't any building codes for camps." Dawn Norman explained. Barbour County officials first became aware of the women's presence when they came to find out what regulations would have to be abided by. By then, people began remarking on the "foolishness" of certain females from California.

But within a short time, the Department of Welfare showed up with a 13-year-old boy who bore chain marks from a time when he was tied to a tree and beaten. A runaway, he was captured, classed as "incorrigible" and jailed as an adult.

"The man in the next cell hung himself," it was explained. "The boy had to go through all that."

Now almost 17, the boy is learning how to drive bulldozers in Charleston.

The women, both professionals, are unlikely to accept any nonsense in order to get the money they need. When asked how much she wanted the center to grow, Mrs. Norman replied "Not at all."

At least one of the reasons is out-of-date regulations governing places like the Center that have ten or more children. Such regulations as keeping peanut butter in the refrigerator, making sure the dog has sleeping quarters maintained between 60 and 68 degrees, buying a dishwasher that costs hundreds and hundreds of dollars more than the small one that is needed—these are some of the reasons why the Center has never had more than nine children. It currently has eight. Six were turned away in May, two in June. More will be denied entrance in the future, due to lack of money and womenpower.

"But maybe it wouldn't be politic to say those things," Mrs. Norman commented as she walked away. Not quite out of earshot, she mumbled an indication that perhaps it wouldn't be too impolitic, either.

Both women apparently agree, however, that the best reason for keeping the Center small is the concept of a "group home"—good, solid familiar relationships and a place to come home to.

The concept began on a locally supported basis in Boulder, Colo. in October of 1966. Since then, others have been formed in Fort Collins, Colo. as well as Ferndale, Mich.

Since Sugar Creek in West Virginia, more homelike centers for children have been developed at Martinsburg, Morgantown and Welch, and more are under consideration. Sugar Creek, with what has been called "a bootstrap approach" from Mrs. Norman and Miss Sturm, is the sort of operation that elicits heavy praise and admiration from U.S. Senators.

Mrs. Norman wants to see dozens of such homes opened up everywhere, homes that could provide a real solution to the problems of juvenile delinquents and neglected children.

The alternative, points out Jenkins of the Benedum Foundation, is places like Pruntytown. While Benedum's vice-president was quick to point out that the state institution was no better or worse than thousands of others across the country, it nevertheless regularly turns out homosexuals and trained criminals.

"There's nothing like Sugar Creek," Jenkins said during a visit to the home on Thursday afternoon. A proposal for a grant to the Center is expected to come up before the board of directors of the Benedum Foundation at a meeting set for Sept. 11. Sen. Randolph is a member of the board of directors of the Benedum Foundation and is anxious for the grant to be made.

"Those damn fool women from California" have not been alone in their task, however. Help has come from many churches in the area, the most active of which has been the Methodist Church, despite the fact that neither of the women are Methodist.

The Heart and Hand House in Philippi called up one day to say they were sending over 45 young people from Michigan who would more than double the size of the Center's housing, adding four more bedrooms, two baths, a living room, playroom, closet space.

"That's very fine," Dawn Norman told them. "But we have no money for materials."

"Charge it," came the reply. Later a community fund drive raised $3,000 in cash to pay for the materials.

Help came from Randolph County, in one instance, when the Elkins Builders Supply Corporation donated bathroom fixtures. Randolph County Circuit Court Judge George Triplet—who himself has sentenced youths to the Center—installed the fixtures and finished off the bathroom.

Both Judge Triplett and Judge Edward Luff of Barbour County have nothing but praise for the Center and the kind of work being done here. Both Judge Luff and Barbour County prosecuting attorney Caton Hill are said to take every opportunity they have to make use of the Center.

Judge Luff has termed the work being done at the Center as "unbelievable. In fact, I do not believe there is another home in the State of West Virginia and perhaps even in the United States that is operated under the conditions that this home is operated, and where such success has been realized without having to send youngsters to industrial homes."

Since the home began, Judge Luff said he had been required to send only one juvenile to an industrial home, and judicial referrals have come from four other counties as well, including Taylor, Harrison, Randolph and Lewis.

Life at the center is a long way from punishment. With room to run in the woods, a stream for fishing and swimming and no neighbors close enough to be disturbed by any amount of noise. Projects initiated and carried out by the children with a minimum of adult interference are encouraged.

Tree houses and cabins have been built and a tunnel constructed. Picking berries, building dams, making whistles and sling-shots, collecting butterflies and insects, crawdads, flowers and wildlife, sledding and skiing in the winter and fierce snowball battles at Christmastime—this, along with a current project of building a garage plus daily routine chores and schoolwork, is the life at Sugar Creek.

Looking back on the last three years, Dawn Norman wears a smile as she remembers the plans for a camp for rich kids. "We never have gotten to it," she says.

Thinking about the time the women traded in their motorcycle for two horses, any fool can see they never will.

[From the Charleston (W. Va.) Gazette]

Delinquent Children Get Home

(By Roslie Earle)

PHILLIPPI.—With plans of running a summer camp for children from affluent families and spending quiet winters reading and writing, Mrs. Dawn Norman, 52, and Miss Emily Sturm, 42, quit their jobs as probation officers in Los Angeles and moved to West Virginia.

Now, four years later, instead of a summer camp located on the 47-acre lot near Philippi, the women are operating the Sugar Creek Children's Center, a group home for delinquent youths.

But they have no regrets about the change in their plans. "The need is so terrific. The hardest thing about it is turning people away," said Miss Sturm, a native of Philippi.

She said they have a total of 70 children in their home over the past three years. They now have nine children, which is all they are allowed to have under the law, and there are 30 children on a waiting list.

In fact, the decision to become a group-home wasn't actually theirs. "It was kinda like topsy, it all just grew," commented Miss Sturm.

When Mrs. Norman and Miss Sturm moved to the land, donated by Miss Sturm's family, they began clearing the area and building a house by themselves with the help of a 72-year-old handyman.

Around Philippi, where Miss Sturm's father is assistant postmaster, they were known "as those fool women from California."

In the midst of working around the clock on the building, a social worker asked them if they would take a 12-year-old boy for a few days. The youth had been beaten with a chain by his father and had no place to go.

What was supposed to be a few days, stretched into two years. And in that time, the youth had plenty of company.

The first year of the Sugar Creek Children's Center was dreadful, Miss Sturm said. Their home consisted of one bedroom with six bunks for the children and a large living room-kitchen where they slept. "If we had a girl staying here, she slept in the living room with us."

Fortunately, they received the help of a group of Methodist students from Michigan. The group stayed at Sugar Creek about three weeks and helped build the shell or four more bedrooms, a parlor, recreation room and a second bath.

For the first three years, Mrs. Norman and Miss Sturm got no salary and managed to keep the center going on the welfare checks they received for each child.

Sugar Creek is now considered a group home (10 children would classify the center as an institution, nine children is a group home) and Miss Sturm said they receive funding from the Safe Streets Act through the Governor's Commission on Crime, Delinquency, and Correction.

However, the funding is contingent upon matching funds, which expire in April. Miss Sturm said they hoped to raise enough funds from individual contributions.

The women decided to leave California both because of the crowded conditions in Los Angeles and because of their unhappiness with their work in the State institutions.

The probation institution in Los Angeles is the biggest in the world and has everything to work with. However, Miss Sturm said, "Institutions do horrible things to children . . . There was no physical mistreatment, but it's hard to explain what living under those conditions are like. The simple things that deteriorate children."

Small, group homes, she believes, is the answer. "Children need a family and a home," she added.

And Miss Sturm credited the success of Sugar Creek largely to Circuit Court Judge Edward Luff. "He cares about what happens to children and he has worked with us and helped us. It's necessary to have judges who want these kids to have a chance."

All the children help Mrs. Norman and Miss Sturm with the daily chores. Miss Sturm said there were no boy or girl type duties, but all did what had to be done.

"That's another thing about institutions. Children have no responsibility. In a family, ideally speaking, they do. It makes a tremendous amount of difference," she said.

She noted that none of the 70 children they kept have ever run away although she knows some day one will.

Miss Sturm said Sugar Creek was first considered a detention home and they could only keep the children for 90 days. Now that the center is a group home, she said the children stay as long as they need to.

The women were recently honored by Ms. Magazine for their contributions in the magazine's new feature "Found Women." While in New York as guests of the magazine, Miss Sturm said she was one of three women who appeared on the Today Show.

[From the "Ms." magazine, January, 1973]

Dawn Norman, 52, Emily Sturm, 42—Directors, Sugar Creek Children's Center, Philippi, West Virginia. Three years ago, Dawn Norman and Emily Sturm, 20-year juvenile probation officers in Los Angeles, quit their jobs and headed for West Virginia, where Emily's family had given them a 47-acre plot of wasteland. The original plan was to open a summer camp. They hired a 72-year-old handyman and undertook the arduous task of clearing the land and erecting buildings themselves.

"Every delivery man and superintendent—sidewalk, that is—told us what we were doing was impossible," Dawn remembers. "But we insulated, plumbed, paneled, dug ditches, mixed mortar, laid block. If it had to be done, we did it. We didn't know we had so many hidden talents—having grown up as 'city kids'."

In the midst of the chaos, a social worker from the local Department of Welfare dropped by to ask if they would keep a 12-year-old boy for a few days. He had run away being beaten with a chain by his father. He would have to remain in jail if a home couldn't be found before a decision could be made about his custody. "We were still camping in our building mess," Dawn reveals. "We'd work all day, drive Mr. Smith, our handyman, back into town, then clean up the building mess, cook dinner and take our 'skinny dip' in Sugar Creek and literally fell into bed. We thought the social worker was a little insane to even ask us to keep the boy, but if he needed a home we'd be willing. That opened the door to Sugar Creek Children's Center and that first boy was with us for two years. In three years, we have had more than sixty children."

Emily and Dawn refer to Sugar Creek's first year as "hairy." With only two rooms completed, logistical ingenuity was in order—as were 24-hour shifts.

"We worked without any salary, and by this time we had spent all our savings on the building," Emily says. "We received seventy-five dollars per month per child, and that was it. As I look back, I don't know how we survived. We had no help."

Then the miracle happened. The local Methodist Church wondered if Sugar Creek could use a group of 45 youthful volunteers from Michigan, who wanted to come to West Virginia for a three-week work program. The Michigan group helped build four more bedrooms, a second living room, space for a second bath, the shell of a new building, and, before they left, donated a freezer, TV, and $500. That prompted the town's generosity; more money was raised, and as Dawn recalls, "Emily and I were back in the carpenter business. We had to finish the whole inside of the new building. All this, plus taking care of the seven children who were living with us. We were now receiving two hundred dollars per month as an Attention Home. This funding has kept us alive."

About this time students from nearby Alderson-Broaddus College became interested in Sugar Creek. "The college students have given of themselves to our children, and real friendships have been formed on a 'big brother and sister' basis," says Dawn.

Interest in Dawn and Emily's work has snow-balled, and Sugar Creek is currently receiving funding from several local groups and from the Governor's Committee on Crime, Delinquency, and Correction. Last May, Dawn and Emily began drawing their first salary checks in three years. "We have gained the respect and the help of the community. We are no longer called 'those fool women from California.' We have had help, but we know in our hearts that we are the spirit of Sugar Creek. We know we have created a home for children whom no one wanted; who would now be in penal institutions if we weren't here. We had to be a little crazy to start such a project. We're not saints by a long shot, just two women on West Virginia hillside. We did build Sugar Creek Children's Center with our bare hands, with our guts, with tears and laughter. We have created a miracle."

Senator **Randolph**. Doctor, on page 8 of your testimony, you speak about physical force. I was talking here about chains, about child abuse, utter disregard for the humanity within the boy or girl.

I am sure you will understand that there are those of us who sit at this table who may have differences with you. So when you talk about the legislation which has been offered by our able subcommittee chairman and joined in by 14 cosponsors—and I am gratified to work with the chairman and do what I can—I think when you talk about the so-called physical force being outlawed, frankly, you don't have a valid level on which to stand.

That is my own personal view. I am not hard-nosed about it. I have discussed this with you.

I imagine that our chairman here was paddled in school.

Were you? I don't know.

Senator **Mondale**. That is a very euphemistic word.

Senator **Randolph**. Wordwise, then, it is true.

What I am saying is that I think there are degrees, Doctor, that have to be considered. I don't think we can straitjacket ourselves in matters of this kind in learning the growing process of a boy and girl. There is where I would disagree with you.

I would think if we were to draw sides, I would rather have more paddling and less pampering of children. Yet, I am conscious of all these problems. I want to contribute to the settlement of them. I think it is at least something for us to think about because I do feel that discipline is very important in the learning process.

Doctor, I am sure you agree with that. Don't misunderstand me. I know many mothers and fathers who love their children very greatly. But you have to, I think, have a certain amount of discipline which is built into the training program, which may, on occasion, be the act of paddling.

But when you use the term "physical force," paddling would fall within that definition. I don't know how far you want to go. I don't know whether you want to say laying the hand on the children and holding the child tightly might be physical force, without injuring the child.

I think you build in false fears. I just feel that way. Do you want to make a comment?

Mr. **Gil**. Yes, sir; I am glad you touched on this subject because I know it is crucial to what we want to achieve. I fully agree with you that children require discipline. Children require a sense of security, a sense of direction, a sense of firmness from adults around them.

My own observations, and the observations of many educators and psychologists, lead to the conclusion that by using what you call paddling we are not providing children with a sense of inner discipline, consistency, and firmness. It provides them with a sense of fear, that results, perhaps, in external discipline, but does not result in internalizing a sense of what is proper.

Senator RANDOLPH. Are you saying that there are degrees of physical force?

Mr. GIL. Sir, I would say any use of physical force, any paddling, in my view is unacceptable, because there are more constructive alternatives.

When we visit Indian reservations, we find that many Indian tribes would never touch a child. They rear their children through example, through adult behavior. This was especially so before the white man came into this country and destroyed their culture.

There are many tribes who do not use any paddling for children. An Indian would tell you that he would be ashamed as a grownup person to use his hands toward a child. A child obeys intuitively his example and does not have to be beaten into submission.

Senator RANDOLPH. I can give you civilizations by the dozens where they do paddle their children.

Mr. GIL. I fully agree there are many.

Senator RANDOLPH. And where children grow up to be good men and women. You know the countries. I don't have to delineate them. There are scores of them. Isn't that true?

Mr. GIL. There is no reason that we have to stick to these traditions if there are better ways.

Senator RANDOLPH. I don't think it is an ancient, cruel ritual, as you set forth. I think discipline is a modern thing. I think that paddling in certain instances certainly could fit into the discipline. There is where I disagree with you.

I think you have gone namby-pamby on this.

Mr. GIL. Sir, you may think so. While we agree on the goal that discipline is essential, it is my view that the better way to assure internalized discipline in a child is to rear him through constructive measures rather than through acts which most of the time serve to ventilate the feeling of a frustrated adult.

I have never seen an adult hit a child for the child's benefit. I have been in a home for delinquent children myself.

Senator RANDOLPH. I disagree with you. Most certainly I disagree with you. How do you know that the parent paddles a child for the parent's desire to do something? How do you know that? How do you know when a mother paddles a child she is doing something that would be gratifying to the mother rather than helping a child? How do you know it?

Mr. GIL. I know it because I have paddled children and regretted it.

Senator RANDOLPH. You have how many children?

Mr. GIL. I have two of my own, sir, and I have worked with many, many children as a teacher in an institution for delinquents. I went in there, sir, with the intent not to touch children but I couldn't control myself. It wasn't for their good. It was because I was either tired or I lost my self-control and I used my hands.

But whenever I did this, sir, the discipline among the children suffered. When I finally learned to control myself and when I showed these children respect for what they are, human beings who have a right——

Senator **Randolph**. Certainly they are human beings.

Mr. **Gil** [continuing]. And they are entitled to the dignity of their body, just as adults.

Senator **Randolph**. Have you been in many classrooms lately of children?

Mr. **Gil**. Yes, sir.

Senator **Ranolph**. You have? You have watched what is going on?

Mr. **Gil**. I know what is going on.

Senator **Randolph**. Have you seen the teacher shoved into the corner literally by the students, children?

Mr. **Gil**. Yes, I have seen that.

Senator **Randolph**. What is the teacher to do? Stand there and be battered? Is that what you are asking?

Mr. **Gil**. Sir, the question is what you are to do, what the Congress is to do, in preventing the causes of this kind of behavior in our slum schools.

Senator **Randolph**. Not slum schools.

Mr. **Gil**. This is the injustice in our societies.

Senator **Randolph**. Not slum schools but the very best schools.

Mr. **Gil**. I can explain to you, if you are interested, why the behavior of children from middle-class families who use drugs and who are antisocial is equally related to our culture. That is where we have to intervene.

But telling teachers that they may use corporal punishment against children contributes to raising delinquents.

Senator **Randolph**. Well, I don't believe you. It is as simple as that. And yet I am not going to get excited about it. I may have been a little overly earnest about it, because I have reared children.

Mrs. Randolph and I have two sons. I have been a teacher. I have worked with literally thousands and thousands of children in one way or another. I have been president of a Parent-Teacher Association. I love children just as you do, Doctor, just as the chairman of this committee.

We have disagreements along the way. We realized that those, of course, must be given the back-and-forth discussion. That is why I wanted to talk this morning with you, Dr. Gil.

I have just one final question. You have expressed a concern that there are many instances of mistreatment of children in large institutions, in public facilities. I thoroughly agree.

I agree just as much as it is possible to agree with you.

I share, as I have said in those strong words, this concern, and this is where we must act. We must be very helpful legislatively.

You tell us how can we cope with this problem beyond what you have said in your statement? That is, if there is a way.

Mr. **Gil**. There are a variety of steps and it is not something that can happen overnight. It is an educative process. It involves teacher education, it involves training of persons working in these institutions.

But as a first step, and not all of the answers, is some kind of declaration by the Congress that would express our recognition of the rights of children to decent treatment, as dignified human beings, respectful treatment.

If this kind of sense of the Congress gets permeated through our media, and it gets permeated into teacher training institutions, then we will gradually raise a generation of educators and of workers who work with children who have a different orientation toward the rights of children.

There are, unfortunately, no quick answers to this. I am not naive to assume that when you pass a law here that the children are entitled to certain rights that everyone will follow suit.

But that is one way of starting. Just as when we had the Full Employment Act, and when we had the act the chairman introduced 2 or 3 years ago on social rights and social indicators, social accounting, we didn't think that tomorrow everything will be nice, fine, and resolved.

But we wanted to create instruments which become symbols in the identification of people with what this Nation stands for. It would be a means for people to act on it, to educate themselves, to raise questions as to the way to handle things.

Senator **Randolph**. Dr. Gil, I am sure you are a man of very great expertise in this field. I am certain that is the reason the chairman has asked you to testify.

I go back to what I said earlier. I know of cases that were reported to me where children are setting fires in the halls of the schools, in the actual classrooms.

Is the teacher to stand there and allow that to go on by saying, "Now, don't do that, Johnny, don't do that"?

Mr. **Gil**. Sir, certainly I don't recommend that if a child is involved in an attack on the person of a teacher or the property of his school or another child that no one try to stop him.

But there is a difference between stopping a child, constraining a child, and for the teacher to be the court of justice who also implements the punishment. This is the difference. Certainly, a child who misbehaves, adults have a responsibility to intervene for the child's protection, their own protection, and the protection of other children.

But from that point on such a child has to be understood and ought to be helped. There isn't a single child that attacks teachers or sets fires without a reason.

Senator **Randolph**. I didn't say they set it for no reason. I said they were setting them.

Mr. **Gil**. They ought to be stopped and helped.

Senator **Randolph**. And I agree with the second part, certainly I do. The child in the schoolroom who doesn't allow the class to move forward and the other students to participate by reading papers or by giving examples or whatever, that child or children disrupts the school.

What is the teacher to do?

Mr. **Gil**. This seems to be the case of a child who requires special help and that probably should have been discovered 5 years earlier. These things don't happen suddenly.

My wife is a teacher for cases you describe, sir, and there isn't a single case that we know of that hasn't been referred to her several years too late.

The issue is for schools to be equipped to understand the real needs of children, to diagnose difficulties when they become first apparent, and to take preventive measures, rather than delay.

The children you described are really a problem to the classroom teacher. I truly am aware of this. But the answer is on the one hand immediate help to the child who is a problem today, but; second, and more importantly, to understand why our society and our schools produce may children who have these kinds of difficulties, and to intervene and prevent this.

We have the Supreme Court decision of a week ago that is going to perpetuate these difficulties by saying that there is no constitutional right for equal education, and that for some children it is enough to spend $300 a year while for others we may spend $5,000.

If the Supreme Court had decreed that every child is entitled to the same effort on the part of the people for his education, we could have reduced the problems you are rightfully concerned with, sir.

Senator RANDOLPH. Dr. Gil, you will not know but I conducted five hearings last week on the subject of education for handicapped children. There is a tremendous need. You see, I recognize this.

You are not talking with the wrong person on this subject matter. That is what I want to have you understand. You are talking with someone who has the same concern as you.

But I repeat that you present, in my opinion—and I have respect for you—a namby-pamby, wishy-washy attitude which is absolutely not realistic as we think in terms of the learning process and the growing process of children, children in the home, children in the school, children in the church, children in places of business, children on the streets—wherever there is a need that can be met with what I call restraint, yet discipline, even though it includes physical force, is very proper and very helpful, in my opinion.

Thank you, Mr. Chairman.

Senator MONDALE. What strikes me about your testimony is that one line where you said there is no point in trying to ameliorate the problem; where you said that unless you can strike at the fundamental problem that causes deviant behavior, you are not doing any good.

As I gather, you want a law against spanking, any kind of laying on of hands, except in a very limited sort.

You want a national program to bring up minimum family payments to some kind of BLS standard of minimum cost, known as the family assistance plan around here—for which there isn't a dime in the national budget.

I think if we are going to wait until that millennium arrives, there will be hundreds of thousands of abused children who are going to be untreated. I think it is our job to try to come up with amelioration.

There was an interview with Walter Lippman in the Sunday Post in which Lippmann attacks people who want to create a perfect society.

He said the best you can do is ameliorate the problem.

I think if we pursue your course, I doubt that we are going to succeed. In the meantime, children are being poisoned, mangled, slaughtered, abused, chain-whipped.

I realize that you agree with us that this is a horrible thing. Don't you think it is worthy of our efforts to try to ameliorate that problem until better times come along?

Mr. GIL. There are two things I would comment on this. I have nowhere in my testimony indicated I am against amelioration. But I want to put amelioration in proper perspective.

The problem with much of our social legislation has been that we have sold it to the American people as real answers to our social problems when in fact all we did was attempt to help people just over the worst.

I would certainly support any effort your committee and the Congress is making to reduce suffering. I would hope that by having a proper preample that spells out the rights of children, that defines what is abuse, including the tolerance of society of abuse and neglect and so forth, we would prevent an illusion.

The current administration is perfectly right in criticizing many of the programs which were generated with true commitment, but did not attack the sources of the problems.

The administration is right to say, "Where is the evidence that we solved the problem?"

I don't think you should claim that this solves the problem of preventing child abuse. It merely ameliorates. To solve the problem we have to do very different things.

Senator Randolph, in this environment we are operating in we have to drop our standards a little bit. I think the chairman of the Handicapped Committee shaped the Vocational Rehabilitation Act to try to deal with many things.

I handled the Child Development Act. One of the ideas there was to try to get in earlier in the lives of children and help them before these problems got out of control.

Senator RANDOLPH. You are speaking of the veto of the Rehabilitation Act of 1972 by the President.

When we came back this year we lowered the levels of authorization, as you know, in an effort to go part way with the administration thinking.

But there is a level beyond which you cannot go and still do the work that has to be done.

Yet, as we passed this bill—and it is now on the President's desk with me appealing to him by telegram to sign it, and I doubt that he will sign it—here we come to a confrontation. Really, we are not interested in confrontation.

We are interested, as the chairman properly said, in getting something done. So there are times when we have to modify because we will never get anything done if we attempt to have a perfect bill on the President's desk. It will never happen.

Mr. GIL. I certainly don't think you have to justify before me your wise strategic approach. This is your expertise. You are in this activity.

But I think it is the responsibility of the public who come up here to tell you what we really think. You deal in political issues in accordance with your definition of what is feasible.

I want to say, however, a word about feasibility. You quoted Mr. Lippman's article, and both of your comments deal with trying to get what one can get.

In my view, there is one problem around this. If in trying to get what is right we already introduce a compromise into our stated goals, in considering what is feasible, the ultimate compromise will be even more reduced.

I know that in a community, small or large, we have to compromise. But I think too often compromises are made before the right positions are expressed, in fear that you cannot get what you really think is right.

I certainly feel, when it comes to expressing human rights, the rights of children, we have to specify them openly. We have to press for them, irrespective of whether we will get them tomorrow, or not at all in our lifetimes.

If the Declaration of Independence hadn't been expressed, we would never be independent today. And maybe it wasn't a feasible notion at that point at all. The power situation was different then, and it required a revolution to gain freedom. People were ready to say so, unambiguously, irrespective of estimates of feasibility.

I think we have to learn from these illustrations and not to aim our sights too low lest someone on the other side may be reluctant to go along or consider us naive or whatever.

Senator MONDALE. Thank you very much, Dr. Gil.

Our next witness was to be introduced by Senator Cranston, but he is attending another hearing in the Banking Committee and cannot be with us.

He wanted to introduce Jolly K. to the subcommittee. His statement will appear at this point in the record.

PREPARED STATEMENT OF HON. ALAN CRANSTON, A U.S. SENATOR FROM THE STATE OF CALIFORNIA, UPON INTRODUCTION OF JOLLY K. TO THE SUBCOMMITTEE

Senator CRANSTON. Mr. Chairman, it is indeed a pleasure to be here this morning. I would like to take this opportunity to express my appreciation to Senator Mondale for the tremendous leadership he has shown in the investigation of child abuse through this series of hearings.

The committee is privileged to have as a witness this morning, the founder of Parents Anonymous, one of the most promising child abuse treatment and prevention organizations in the country. I am pleased to be able to be here to introduce Jolly K. who will present testimony to the subcommittee on children and youth. She is from my own State of California. I am sure that Jolly K. will lend significant and considerable insights to the subcommittee in its effort to develop legislation designed to reduce and eventually eliminate the tragic occurrence of child abuse in this country.

STATEMENT OF JOLLY K., PARENTS ANONYMOUS, REDONDO BEACH, CALIF., ACCOMPANIED BY LEONARD LIEBER

Ms. JOLLY K. I would like to introduce Mr. Leonard Lieber.

Senator MONDALE. Just proceed as you wish.

Ms. JOLLY K. I am going to try to confine my remarks, as your letter asks. The first thing I would like to get into is how is Parents Anonymous funded. In 1970, we were not funded at all. Child abuse was not discussed then so we did not fall into the funding net.

In 1971, we were preempted by sick horses, as far as funding priorities.

In 1972, it was abortions. This year I understand it is sick chickens. We are still not funded. I am hoping, with this committee——

Senator MONDALE. Did you apply to the Federal Government for some help?

Ms. JOLLY K. No, we have not.

Senator MONDALE. Where did you apply for assistance?

Ms. JOLLY K. We have begged, pleaded and almost stolen from just about anyone we could get who showed the least bit of interest.

Senator MONDALE. Your organization, Parents Anonymous, is located in what community?

Ms. JOLLY K. The home base is in Redondo Beach. We have chapters throughout the United States and Canada.

Senator MONDALE. How many chapters have you?

Ms. JOLLY K. We have, as of the last month, between 45 and 50.

Senator MONDALE. What does Parents Anonymous do? What is it designed to do? What efforts have you undertaken?

Ms. JOLLY K. It is basically a self-help group where parents can anonymously, such as myself, by using the name Jolly K., go to this program or have people reach out to them in a nonthreatening, loving, caring, concerned way.

Senator MONDALE. Why do you find the need for this? What are you trying to get at? What kinds of problems? Can you give us some examples?

Ms. JOLLY K. Yes. I think the thing that makes it pertinent now in this society is for so long the child abuser was the modern Salem witch. We were the horrible monsters who did these things to our children.

Yes, the deeds are indeed monstrous but we are not monsters.

Senator MONDALE. Did you abuse your child?

Ms. JOLLY K. Yes, I did; to the point of almost causing death several times.

Senator MONDALE. I don't want to embarrass you, but can you tell me what happened?

Ms. JOLLY K. Do you mean the abuse, itself?

Senator MONDALE. Yes.

Ms. JOLLY K. It was extreme serious physical abuse the two times. Once I threw a rather large kitchen knife at her and another time I strangled her because she lied to me.

Senator MONDALE. How old was the child?

Ms. JOLLY K. This was up to when she was 6½ years old.

Senator Mondale. And did you have repeated examples of abuse?

Ms. Jolly K. In my home?

Senator Mondale. Yes.

Ms. Jolly K. Yes. It was ongoing. It was continuous. There were not isolated instances. For the person who has a child abuse problem it is not an isolated incident. It is not something that you become irate or particular at. This is where I will have to disagree with Dr. Gil.

There are parents who can become very, very irritated and strike out against a child maybe once or twice, take the belt off and let Murgatroid really have it.

With parents who have this as an ongoing problem it is different between getting drunk on New Year's Eve and getting drunk every day.

Senator Mondale. Did you ever try to resist beating your child? How did this continue to happen?

Ms. Jolly K. I was unable to deal with those feelings that this particular child brought up in me. To simplify it, to me this child reflected my negative self, who I viewed for years as a rather rotten, worthless person due to the fact I was raised much similarly to the way she was raised in the first 6½ years.

Senator Mondale. It is what psychologists call where you hate something you sense in yourself?

Ms. Jolly K. Yes. It is kind of like who is the abuse for. You are using the body of the child but it is your identity. Is it homocide or is it extended suicide?

Senator Mondale. How many times did you seriously abuse your child?

Ms. Jolly K. Could you let me know what you think serious is?

Senator Mondale. You define that. I don't know.

Ms. Jolly K. I consider all abuse serious. I consider my child at 3 years old, if her name is son-of-a-bitch or Faith, which is her name, I consider that highly serious, the confusion of the identity. "Am I an s.o.b. to my mother or her daughter?"

I consider that highly serious. People don't look at verbal abuses serious. Maybe society would have paid attention to me if I had had welts on me as a child. Maybe I could have gotten enough attention then that I wouldn't have grown up to inflict it on my child.

Had I broken my daughter's bones, maybe then something more direct would have been done in the way of services for her and me prior to her being abused seriously.

Verbal abuse can destroy, almost kill them.

Senator Mondale. Did you abuse your child verbally?

Ms. Jolly K. Yes. It is almost synonymous.

Senator Mondale. In other words, they go together. A person abusing a child physically is also abusing the child verbally?

Ms. Jolly K. Yes. But some verbally abuse who never physically abuse.

Senator Mondale. Would you tell us a little bit about Parents Anonymous? How did it get started? Why did you see the need for it? Has it helped you? Has it helped other parents?

Ms. Jolly K. I had gone to 10 county and State facilities. Out of those, all but one were very realistic places to turn to. Six of them were social services, protective services units.

Senator **Mondale**. You went to try to get help?

Ms. **Jolly** K. Yes. Even the most ignorant listeners could have picked up what I was saying, that I was abusing her, and that I was directly asking for mental health services.

Some of it was thinly covered. I wasn't always quite as open. Much in the same way that little Murgatroid isn't going to be quite so open when he gets caught with his hand in the cookie jar.

Senator **Mondale**. You went for help to the regular public agencies?

Ms. **Jolly** K. Yes. I went to the district attorney, to the child guidance clinics.

Senator **Mondale**. You said you were beating the child. You didn't find help.

Ms. **Jolly** K. I was offered to either place her for adoption or put her in a foster home. When I am saying these things, I am not alone. I have heard these same remarks from hundreds of parents.

Senator **Mondale**. You wanted to keep the child but you realized you needed help?

Ms. **Jolly** K. I wanted to keep my child. I wanted to get rid of my problem. She wasn't the problem. She was the recipient of my behavior.

Senator **Mondale**. Where is your child now?

Ms. **Jolly** K. Home with me and she hasn't been abused for 3½ years.

Senator **Mondale**. How old is she?

Ms. **Jolly** K. She will be 10 on April 26.

Senator **Stafford**. How many children do you have altogether?

Ms. **Jolly** K. I have two.

Senator **Stafford**. And you only had a problem in connection with one of two children?

Ms. **Jolly** K. Yes, which is typical in abuse cases.

Senator **Mondale**. They will pick out only one child? That is also terribly damaging, isn't it, for that one child?

Ms. **Jolly** K. Yes. It is typically one, although any of the other children in the home are indirectly abused since they are exposed to an unhealthy emotional environment in which to live.

Senator **Stafford**. Is the child with whom you had the problems the older or younger of the two?

Ms. **Jolly** K. The younger. We have been able to find no comparison with our families that a firstborn child is more likely than, say, a second, third, or a fifth. I think the important thing to remember here is the child in almost all cases is only the recipient, not the precipitator, of the abuse. They are the recipient of the abuse.

The problem is us, the abuser. So many times I hear in society that social services has to do this, Congress has to do that, the President has to do this, and everything else. Everyone seems to keep forgetting it is our problem and we have to do something about it.

Other people can help facilitate ways of us doing something about it, such as Parents Anonymous.

Senator **Mondale**. Senator Randolph.

Senator **Randolph**. What was your husband doing during this period when you were abusing your child?

Ms. Jolly K. At the time of the worst abuse I was between marriages. My second marriage was to a fellow for 3 days before he shipped out to WesPac for 6 months. When he came back, we split up. I was living with another man and at that time it was the old case of he knew if he said anything I would just say, "Hey, fellow, if you don't like it, take a hike."

I am putting it where it is at. I am not doing any of this to be insulting to the morals of anyone in the room. I am just saying how it is, period.

Senator Randolph. You were having problems with husbands as well as a child?

Ms. Jolly K. I was having multiple problems in society that stuck out. These kinds of things stick out like neon lights. The most casual observed could have seen that I could be classified as a crisis-ridden person or personality. Child abusers usually show other signs that we have problems.

Senator Stafford. Was the older child a boy or girl?

Ms. Jolly K. They are both girls.

Senator Stafford. Are these difficulties usually involved between the mother and daughter, father and son, or is there any relationship there at all?

Ms. Jolly K. We have not been able to find any relationship of the sex of the child in reference to the sex of the parent.

Again, it goes back to we see more and more that indicates in our group that it is the exchange of identities or projection of the abusive parent's identity to the child, being a perception or in this case a misperception of the parent's projected identity.

Senator Randolph. How many members are in Parents Anonymous?

Ms. Jolly K. To date we have worked with well over 4,000. Currently we have between 500 and 600. That is a conservative estimate. Parents want help. We can see that by the amount of parents who have come out just in the last 3 years.

Senator Randolph. And the help that you have given, in whatever percentage of those cases which you mentioned, how many of the families, the fathers or mothers, as the case may be, have now the child in the family and the problem is gone?

Ms. Jolly K. I will have to answer that separately. Most of them have the children in the home. Most of them have the symptomatic behavior of abuse now removed.

We encourage parents to utilize us until they feel comfortable enough to go out and utilize other existing services of whatever professional caliber services are available in their community, where they can work more deeply with internal problems.

We primarily work on external, meaning the behavior. There are some members who stay in the program and start dealing in a very healthy, positive way with some pretty heavy stuff, considering we are a self-help group.

All of our programs have a professional sitting in. We call them a sponsor. In reality they are a benevolent grandparent to us, not threatening but gentle, kind, all kinds of beautiful things that most of us have missed in our own childhood.

I think this is what makes a group such as Parents Anonymous highly effective. They are reaching out the extended family atmosphere found in our groups.

In the percentage of the parents who are with our group, 99 percent of them have been abused themselves as children. In the extended family atmosphere of our chapters we are offering a type of corrective experience where they can experience family life in a healthy, positive way to offset their negative memories of—in fact negative parental care—that they once received.

I would like to follow up, Senator Randolph, on your remarks earlier about the child in school.

When I was 3 or 4 years old and when my daughter was 3 or 4 years old she was that poor little child who was being mistreated.

When I got to be 9, 10, 11 years old I was kind of that disgusting little brat. My child, when she was 5 and 6, was that disgusting brat, too. She was taken out of two classrooms because the teachers couldn't tolerate her behavior.

When I was 15 and 16 I was that horrible juvenile delinquent. When I was 23 I was almost my child's murderess instead of her mother.

This bill is exciting to me because, is this my child all over again? It is not because before this bill was even presented we saw that she got help by my getting help and her also getting help. So she won't be at 10 or 11 that disgusting little brat.

At 15 or 16, from the signs she shows now as a child, she will not be that disgusting delinquent and on into adulthood.

Our jails are full or previous delinquents. This is an established fact. This is not trying to make dramatics out of this. This is fact. We know this.

With a bill like this we can get proper help to more than just those one or two kids, and more than just some of us parents that are involved.

What about the thousands of parents who won't come to Parents Anonymous? What about those who won't go to any established clinic?

I think this is the place where we could start talking about enforced treatment, where the courts can be utilized for those who will not listen to anyone else, where the courts can be superparents and say, "If you won't listen to anyone else who reaches out to you, buddy, you will listen to me because I have the authority vested in me to make you listen. You will get help, in spite of yourself."

We have a facility in California for sex deviates and other similar types of crimes. I don't see why some of our prisons can't be set up much in the same way, where we have units specifically for those adults who do crimes against children when they won't listen to anyone else.

If they are going to listen to anyone else, we should start listening to them and their needs, since they will listen to what is available.

Senator Randolph. I think it takes considerable courage for our witness who is now testifying to come here. I really do. It is not in the nature of pleasantry when I say we appreciate her appearance.

I think it is important that we hear from someone who has been in that group of extremists, say, to use a term.

Ms. JOLLY K. It is nice now to say I am a mother and that you are not a judge and I am not sitting in front of you saying I am guilty of murdering my child.

Senator RANDOLPH. It is a very human, moving story that you tell, without, as you indicate, a desire to be dramatic.

Senator Stafford and I were in hearings last year, "Schooling Programs for Handicapped Children."

Just to have it spread on the record here, we are in a constant process of learning about all of this subject matter. We didn't know a few years ago, and, frankly, do not know all the answers now, about a group called autistic children. This, to me, a year ago was something I never heard of.

It was brought to my attention and I held conferences. These are the children that fall in the category of the little brats that you were talking about. They are so entirely different from the other little brats.

The figures vary, but we estimate there may be as high as 80,000 in the country. Working with those children is an entirely different process than working with other children who have other handicaps, such as mental retardation. They show very great gifts in certain fields. But they do cause difficulties.

They are a problem in a different way, and your problem here is in a different way. It is very large. It is a considerable number.

I am distressed that a part of a program in an organization called NOW is that no volunteer work can be done in this country, that everyone must be paid for what he or she does.

Your organization is strictly voluntary?

Ms. JOLLY K. That is correct.

Senator RANDOLPH. There are hundreds of organizations in this country with great strength involving volunteers. So we are in a very complex area.

These hearings are breaking new ground and I commend the chairman.

Senator MONDALE. Senator Stafford?

Senator STAFFORD. Thank you, Mr. Chairman.

I join with Senator Randolph about appreciating your being here. I did note your comment on one aspect of the situation, and that is that you have placed emphasis through your own efforts on self-help.

Would you care to comment on the adequacy of State and local public efforts in this field in terms of quality and quantity of effort?

Ms. JOLLY K. Yes, I would. The 10 agencies I had gone to was over a period of 3½ years and that was 3 years ago.

I am still in contact with those agencies and I haven't found a noticeable upgrading of services rendered. I see an upgrading of lip services. Of course, California is supposedly the most advanced on the mental health in spite of some people who like to make cutbacks in our mental health programs.

We are still supposed to be considered pretty progressive out on the west coast. The child abuser is still on the bottom scale. It is, why should the child abuser expose himself to an agency who is going to be either apathetic, rejective, or Salem witch hunting?

There is the old expression of "Hang them by their toes, get them, identify them."

Identify them for what? I think the bit of identifying is a very sound one if and only we intend to do something after we have identified.

If we do nothing more than just identify, we haven't done a darn thing. That is like saying of those 50 people over there, 49 have V.D. That doesn't stop it. That is what we did for years.

Out of those 100 people, 75 of them have a drug problem. We have identified 75 people. Has that stopped their having a drug problem or has that stopped the possibility of the other 25 eventually being encouraged or induced or whatever to also join them?

I think the identification is only valid when we follow it up immediately by some type of services. By that we can start thinking in multiservices as needed by the particular individual involved who has been identified.

Senator **Stafford**. Thank you.

Senator **Mondale**. What kind of parents come into Parents Anonymous? What is their background? Does it affect the middle class as well as the poor? What kinds of abuse have they visited upon their children?

Can you give us examples? What kind of therapy or help do you try to give? Give us an idea of how it works.

Ms. **Jolly** K. The average parent in our group is middle class, white, educated to anywhere from 10th grade on up. That is the average.

They are usually in their twenties, possibly very early thirties.

Senator **Mondale**. So this is not a problem from your personal experience that strikes just poor people, but it is a middle-class problem as well?

Ms. **Jolly** K. This is an all socioeconomic problem. It is not confined to the so-called lower class. The socially and financially deprived class has more attention centered on it, since it utilizes social service centers more and can be scrutinized more thoroughly.

The statistics give a biased view that it is all poor people.

Senator **Mondale**. Can you give examples of parents who have come in and examples of what they have done to their children, with the help you have given them?

Ms. **Jolly** K. May I ask Leonard to do this?

Mr. **Lieber**. While Jolly was hunting for services back in the sixties, I was part of the system as a child welfare and protective services supervisor in the same area that kept children away from their families for a while but sent them back without providing the parents anything in the way of improved togetherness.

When Jolly and I got together we both commiserated over the fact that there wasn't anything. With a lot of the positive qualities that you find in Jolly, and Jolly being a former abuser. I think we can attest to the fact that because one is an abuser one does not have to remain that way. One can still offer quite a bit.

A young woman came to Parents Anonymous a couple of years ago, had a college education, as did her husband, and was physically abusive to her eldest child, a 4-year-old boy. She was beside herself because she couldn't control the feelings that she had about this child.

Senator **Mondale**. What kind of abuse would you say she visited upon the child?

Mr. **Lieber.** She used to knock him across the room. Once she kicked him across the room. Several times she just hurled him against the wall. She also dealt in very severe verbal insults. She was guilt-stricken because of it.

Most of the people who become involved in Parents Anonymous are not animals; they are not without guilt. They are feeling the worst possible kind of guilt that one can imagine. She didn't know how to deal with her feelings and she was asking for help.

The first thing that someone in the group did was to reach out and let her know that they, too, also felt what it was like in not being able to deal with those negative feelings.

This young lady, through continuing reaching out and allowing other people to reach her, started changing. Unfortunately, as in some cases, while one parent is abusing, the other parent is sitting back and maybe allowing some things to happen that they shouldn't allow happen. It is called collusion. In this particular case, the other parent had the beginning of an abuse problem, too. Things have changed quite a bit, now, as he became involved in therapy.

Senator **Mondale.** Can you give some other examples?

Ms. **Jolly K.** I would like to comment on a case that proved to be very interesting, and we were able to follow it through for quite sometime. You might be familiar with the case. It is the mother who left the child on the freeway fence in Bakersfield, clinging to the fence, referred to as the *Truque* case.

Another child was stomped to death by a common law father.

The mother got into our group while she was in prison. We have a chapter at the women's prison in California. She became involved with the group still not having dealt with a lot of the things that led to her passively allowing the abuse to occur, which, as I just told you, resulted in the death of one child and could have easily resulted in a freeway death of the other child had she left that fence.

She was on the median of the freeway. If you know anything about California, you know about our freeways. They are fast; they are dangerous.

While working with this mother, we saw her as a very, very passive person who did very little to assert what she wanted, what her feelings were, or her personality. The more and more we worked with Betty, the more of a person she became. She started viewing herself as first of all a human being, worthy of saying, "I feel this way," or "I don't agree with that." These are things that she should have learned when she was 2, 3, and 4 years old, how to be able to stand up and say, "I am a human being. I have feelings. I have the right to say I have feelings."

Today this woman is functioning at a level which would make anyone proud. She has been paroled. She has been holding down a job steadily. She is functioning in an open society. Not as a recluse in an open society but as a resocialized person who can interact with whomever she comes in contact with.

Senator **Mondale.** In your opinion, based on your experience with parents who participate in your organization, are most of them able to get away with child abuse without being noticed and apprehended?

Ms. **Jolly K.** I identified myself 10 times and I am not on the statistics. I can't understand what the criteria are for listing a case of child abuse. Is it only when a child is so seriously maimed, mutilated or beaten that we pay attention? Or can society start viewing the child?

I know in a society if I am out in the hallway and someone comes up and starts making some kind of degrading four-letter type of remarks toward me, I can have them placed under arrest for cussing to me and tearing me down like that, or for slander, libel, all kinds of things.

Yet we do this to children and no one pays attention. In effect, it is kind of like we are saying that "In order to get attention beat your kid to the point he is recognized as a beaten child and then we will pay attention."

I am not saying any of this to butter you up or anything, but yours is a good bill. You call for a commission. I would not like to be so idealistic as to say that this bill should include everything. I think this is something for the Commission that is called for in this bill to start thinking about in the next upcoming year or 2 years.

Senator MONDALE. The point I was getting at in the question is: in your opinion there is a lot of child abuse that goes on that never shows up, that never comes to the attention of any official authority, and, in your opinion, child abuse is a more pervasive problem than the set of statistics we have indicates.

Ms. JOLLY K. I think if we really knew what child abuse encompasses, who it encompasses, we would all join each other in falling off our chairs in shock, if we were to embrace that child abuse does, indeed, include verbal, parental neglect. The only who never supervises or never disciplines—that is as abusive as the other extreme.

Senator MONDALE. You heard Dr. Gil before you. He said we ought to pass an anti-spanking law, that we ought to have a program that eliminates basic social problems and that is the fundamental way to attack it. From my impression of his testimony, that is what I believe he thought.

Don't you think there is some value in identifying these extreme cases of the kind you personally experienced, that you try to deal with those the best we can while society is being perfected, but not wait for a perfect society?

Ms. JOLLY K. We have to. It is ridiculous. It is way too idealistic to assume—well, let me go back to the national priorities. If I were a horse, I could get enough money to live above substandard for horses. But if I am a human being and my child is being abused, it is too idealistic to hope that anyone is going to bring me up, pass up standard housing, living conditions, and provide me with all the mental health resources that I might need, all the educational tools I might need.

I think we need to look at more fundamental, more realistic things of working with the person where they are and giving them the inner resources to go on after some more realistic things on their own, such as the motivation to want to go back to adult schools, which costs 50 cents to $1, where, in a couple of years, they can bring themselves above subhousing conditions.

If I give a person $5,000 to go to school, if they have no motivation, I have wasted $5,000. If that is the taxpayers' money, then eventually that $5,000 is going to be cut. I may have helped a handful just to prove that you can't go around giving $5,000 to people who are not motivated to do anything with their lives to begin with.

If I can work with that person and say it costs me $5,000 to work with a group of people, to help instill in them some desire to want to do something.

I think this is what one program is doing. This particular program is called "Parents Anonymous." We have the program called "Calm"; another program called "Cope". We have available mental health resources and I think we can use what we have without duplicating efforts by adding on and adding on, to the tune of the taxpayers' money, which the President is not too happy on signing away, none of the Governors are and the taxpayers sure are not.

I think we have to work with where we are now and utilize what we have. I don't think this need cost.

Mr. LIEBER. I think one of the measures you propose in the bill is the use of paraprofessionals along with professionals to identify, prevent, and treat child abuse. I think it would be very good for paraprofessionals to be involved with people in the community who have abused their children and are afraid of really reporting to the authorities for fear of losing their children. They don't want to lose them.

Senator MONDALE. Are they also afraid of being charged with a crime?

Mr. LIEBER. Yes. But there are ways of reaching them without treating them in a highly punitive way.

Senator MONDALE. I think this is so important. If you are afraid of a crime, there are very few people who present themselves for the purpose of going to prison. If you are a middle-class person, with a public reputation, you are not about to be anxious to go somewhere where you are going to be spread all over the newspapers for being a child abuser. So this is a case where it is obvious that most of these abuses are not being reported, even though from what you tell me most of the people abusing realize it and have a tremendous guilt feeling.

But they don't know what to do with it. It is very similar to other social problems. With the drug problem, there are a lot of people who know they have the drug problem but they are afraid to go anywhere because they don't want to end up in the clink.

Ms. JOLLY K. Or if they ask for help, they get the long arm of the law instead of help.

Senator MONDALE. This is where we need an outreach, an informal way to give the help they need in order to save the children.

Ms. JOLLY K. In many cases this can be done by a paraprofessional, such as the "Scan" program organized in Denver, of somewhat trained paraprofessionals going out and getting involved with families in a very nonthreatening, nonextension of the establishment type of way that says, "Hey, can I get involved with you where you are? I will accept you where you are and help bring you up out of that."

Senator MONDALE. We have been active around here in trying to encourage the youth emergency services where a teenager can call in anonymously to halfway houses and so on. It is the same thing. Thousands of youngsters, many children from upper middle-class families, have problems—VD, pregnancy, drugs, crime, runaways. They are reluctant to go to the official agencies because they think they will get in trouble, they will go to jail, or many of them are afraid that their parents are going to come and get them or they will be squealed on.

That is why these services have been so popular. It is the only place where a youngster can turn, feel safe, and find a friend.

Ms. **Jolly K.** You have a built-in profit motivation on the anonymous type of thing, that there is help. It is not just lip service. People are there and they do care. We are, by human nature, geared toward profit, not only monetary profit but inner profit. Reaching out to the courts or reaching out to social services who generally do one thing but very seldom follow it up by extended, ongoing services, that is not much profit.

It is really no reason. I would consider a person who keeps knocking on the establishment door demanding one thing, knowing that they are only going to receive the other—I would have to question their mental health, which, again, by my own definition, I would have to question my own 3 years ago because this is exactly what I was doing. Why should we? There are no services to be rendered. A social worker, however involved they might like to be, if they have a caseload of 60 to 100 cases, how can they come out and work with me an hour a week, 2 hours a week?

What if my crisis comes at 8 o'clock at night when Murgatroid wouldn't go to bed and I am blowing it, and my social worker's office closed at 4:30?

Senator **Mondale.** They will normally give you their home number and ask you to call, won't they?

Ms. **Jolly K.** Not in Los Angeles. It is against rules. "Don't get involved with your client; you might help them."

Senator **Mondale.** We had a bureau of criminal apprehension which was only open 8 hours a day. We pleaded with the criminals to only operate during regular business hours.

I want to thank you very much for a special service, of being willing to be embarrassed to help us understand a very great problem. You have done a great service for your country and above all for your children.

Ms. **Jolly K.** I, in turn, would like to thank you on behalf of our children and we parents who have this problem. You have done us a great service.

Senator **Mondale.** Thank you.

Our final witness this morning is Gertrude Bacon of Parents Anonymous, New York City, formerly a family court judge and founder of the New York Parents Anonymous.

STATEMENT OF GERTRUDE BACON OF PARENTS ANONYMOUS, NEW YORK CITY

Senator **Stafford** [presiding pro tempore]. I would like to welcome you before the committee. Have you a statement?

Mrs. **Bacon.** I have something written down and if you would like me to followup in the next week, I will do so. I have sent in one bit of comprehensive literature on Parents Anonymous as we exist in New York.

Senator **Stafford**. Would you like this background paper to be placed in the record?

Mrs. **Bacon**. Which one do you have? If it is an updated one, OK.

Senator **Stafford**. We assume it is updated. It starts off, "Parents Anonymous, Inc. is a currently operating self-help group." Would you like that to be in the record?

Mrs. **Bacon**. I would, yes.

Senator **Stafford**. Without objection, we will place it into the record.

[The information referred to follows:]

PARENTS ANONYMOUS, INC.

250 West 57th Street- Room 1901
New York, N.Y. 10019

(212) 765-2336

Parents Anonymous, Inc. is a currently operating self-help group with immediate aid to parents who feel they are abusing or neglecting their children, by offering a 24 hour telephone service at 212 765-2336.

Its basic concept is parents helping each other to help themselves, by continuous communication through meetings and telephone.

Parents Anonymous is a non-profit group, completely autonomous, with no agency affiliation.

All services are free.

The basic rules of privacy and confidentiality are strictly observed.

Parents Anonymous owes its allegiance solely to itself, and its effectiveness will be felt by the parents themselves on a purely personal level.

Its primary objective is the rehabilitation of damaged relationships between parents and children, by instilling within the parents the strength and self-confidence to rechannel their destructive attitudes and actions into constructive ones.

All concerned parents are welcome to attend closed meetings which are held every Monday at 7 P.M. at

250 West 57th Street, Manhattan, N.Y.
ROOM 1901

TELE: 212 765-2336

PARENTS ANONYMOUS

(212) 765-2336

DAILY GOALS AND GUIDELINES

1. We recognize and admit to each other that child abuse and neglect - be it physical, verbal, sexual, or emotional, exists in our homes, and we will set about an immediate course of action to correct it by changing our daily habits.

2. We admit that our children are defenseless and that the problem is within us as a parent.

3. We want and will accept help for ourselves and will follow any path to get the strength, the courage, and the control that we must have in order that our children will grow up in a loving, healthy home.

4. We will not blame our children or subject them to our abusive actions.

5. We promise to ourselves and our family that we will use to the fullest extent, the Parents Anonymous program.

6. We will take one step, one day at a time, to achieve our goals.

7. We admit we must learn to control our tempers, and once this is accomplished, we can achieve harmony in our home and earn love and respect for ourselves and our family.

8. We understand that a problem as involved as ours cannot be cured immediately and demands continuous acceptance of the Parents Anonymous program or other helpful guidance.

9. We remain anonymous if we wish, but we may identify ourselves, and will call upon other Parents Anonymous members or seek any help before, during, or after any act of child abuse occurs.

10. We admit that we are alienating ourselves from our children and our family, and through the Parents Anonymous program we will make ourselves the center of reuniting our family as a loving, healthy, family unit.

PARENTS ANONYMOUS

HOW DO YOU START A PARENTS ANONYMOUS GROUP?

You've already started by your interest and concern, and you as founder of this group will be the Chairman.

Call a friend with a similar problem, meet, talk, and level with each other.

DO YOU NEED ANY PROFESSIONAL HELP? NO!

A professionally trained person will be welcome as long as he completely understands that he will participate in the meetings on a non-professional level, and only if he can participate on a purely parent level.

You and the professional must realize that the basic concept of Parents Anonymous is a self help concept, on a peer level, and the last thing in the world the abusing parent wants is someone to judge him, lecture him, or look down on him.

If you are the abusing parent all you need is the honesty and the insight to recognize that you are an abuser, and to admit this to yourself and others in the same boat.

HOW DO YOU GET MEMBERS?

There are many ways:

1) Newspaper ads run in the local paper:

EXAMPLE: "Parents, are you abusing your children? Help on a confidential level - privacy protected - no agency affiliation - no fees - group meeting."

TIME ____________________

PLACE ____________________

PHONE NUMBER ____________

2) Post notices in super markets, launderettes, schools, local hospitals, local health centers, local social agencies, etc.
3) Most important way - tell your members to "spread the word".

WHERE SHOULD MEETINGS BE HELD?

Wherever you can meet - whether it be in your own home, or another member's apartment. As membership increases, schools, churches, and public meeting halls are usually cooperative, and rent free.

Bear in mind that agencies that offer their space for meetings must understand that there are no 'strings attached' and that you exist independently of them, and the only connection is the use of their space.

IS PARENTS ANONYMOUS EVER TO BE AGENCY AFFILIATED?

NO! The idea of self-help is the basic philosophy of P.A. This does not mean that P.A. conflicts with any agencies or other groups that offer services to the troubled parent. P.A. is just an additional service to aid the abusing parent.

To maintain our concept, it is important that parents themselves help themselves and other parents to help themselves - and realize that the good results have come through their own efforts.

Another reason for remaining autonomous and unaffiliated is that society has not recognized the abuser parent as another human being with a problem. Therefore, P.A. cannot allow itself to be controlled by any outside agency, which, however well intentioned, still has its own prejudices against the abuser parent and accepting the abuser as another member of the human race.

Parents Anonymous, by carrying out its own concepts and guidelines hopefully will help its own members to develop healthier attitudes towards authority and society; and society in turn will develop healthier attitudes towards all members of the human race, which includes the abuser parent.

HOW OFTEN DO YOU MEET?

At least once a week and perhaps twice weekly, depending upon the needs of your group.

Each meeting should not exceed two hours, and may be held in the evening or day, whichever is more convenient for your group.

IS MONEY NEEDED TO START A PARENTS ANONYMOUS GROUP?

Not necessarily. Your meetings can be held in your own apartments and you can use your own telephones. Remember, constant telephone communication is an important factor. Your telephone bills will increase, but if you can afford it at all, do it! It is worth it.

The parent P.A. chapter in New York City will supply all written material that is necessary - i.e. copies of Goals and Guidelines, etc.

Call us in New York City at any time for any unanswered questions and problems that may arise.

PARENTS ANONYMOUS

TYPICAL EXPERIENCES WITH CO-MEMBERS

By GERTRUDE M. BACON, a member.

A toddler dribbles a trail of toys across the living-room his mother has just cleaned up...a second-grader refuses to eat the hot lunch his mother has prepared for him...a young brother and sister have been squabbling all morning. There are moments in every mother's life when her children drive her up the wall. She feels like screaming, hitting, knocking heads together.

As the founder of the New York chapter of Parents Anonymous, I talk to such mothers - and fathers - every day. Like the alcoholic who calls Alcoholics Anonymous for help in resisting that drink, or the bettor who calls Gamblers Anonymous, parents with problems have now begun to call PA chapters in a number of cities.

Some of the parents who call are seriously troubled people, such as those I often saw during my years as a Family Court Judge. Others feel themselves being driven over the edge. Most of the callers, however, are just "normal", everyday mothers and fathers who get terribly angry at their children. They need help in calming down and finding better ways to cope than raising one's hand or one's voice to a little child.

Here are ten ideas that we at Parents Anonymous have found really work. Most important is to level with your child - be honest with your child. The results will be most rewarding.

1. "I must be a bad mother", a frantic woman said to me recently. "Or else I've got a bad baby. It won't stop crying and I can't stand it." Of course, neither she nor her baby are "bad". Nobody ever told this young woman that it can be unnerving when a baby cries, that it can be nauseating when a toddler throws up all over the rug, that it

can be infuriating when a school child won't listen. As a result, she's frightened and ashamed of her own emotions toward her own child, and that makes her even angrier at him. The first step in handling anger and impatience toward children is accepting the fact that these are honest, human, and universal feelings.

2. The way we handle our anger is an important key to a healthy parent-child relationship. Take the reactions of two mothers to the same situation, a child who's spilled milk and cookies all over the floor. One mother screams at her child, "What a little pig you are!" The other mother, equally annoyed, says: "What an awful mess! Come right here and help me clean it up." Both mothers have expressed their anger openly, but one has learned to do it without damaging her child.

3. With the best intentions in the world, parents cometimes create situations that are going to make them angry. Last week, for example, a mother called and told me she had been screaming at her two children because they refused to eat the well-balanced hot lunch she had prepared for them. Instead, they wanted cream cheese and jelly sandwiches. The mother was upset because she had gone to a lot of bother to prepare a healthy lunch. Yet she could have avoided the bother - and the battle. Sometimes a parent needs to put herself in her child's place. How would she feel if she were never given a choice about what to eat? When she was a kid, didn't she prefer cream cheese and jelly to meat loaf and carrots? Wouldn't a child get more value out of eating something he liked in a calm and happy atmosphere than out of forcing down mouthfuls between tears and angry words?

4. As I have seen time and again at Family Court, and now at Parents Anonymous, a child lives what he learns. So when a mother told me over the phone that her two children had been screaming at each other

for an hour, I asked her what she had done about it. She answered, "I yelled at them to shut up". She heard her own words and laughed, a little embarrassed. How, though, was she going to get them to stop screaming and make up with each other? If she went in and apologized for her own behavior -- either in words or by friendly actions -- would they learn from her in that, too?

5. Children may not be the cause of a mother's anger, but because her husband came home late the night before. Or perhaps she's jealous over some new luxury her neighbor has but she can't afford. A small incident then can provoke her to shouting or screaming at her child. Many parents need to stop and ask themselves, "What's really making me angry?"

6. The important help we offer at Parents Anonymous is someone to talk to. There are mothers and fathers who cannot speak frankly to anyone they know. There are also the luckier parents who do have a friend or relative they can call when they're upset. As they talk about their anger, they find themselves calming down. They may find, too, that they are not so alone. As one mother told me, "I was so desperate one day that I started talking to my neighbor about it. She said, "You too? You feel that way too?" The two women have learned to share their feelings with each other instead of taking them out on their children. They've also begun to take turns baby-sitting for each other so that each woman can have a few hours for herself.

7. Children who tend to ignore high-decibel commands will often respond to a quiet request for understanding or cooperation. One mother told me that, like so many young brothers and sisters, her two preschool children were always fighting over toys. When the mother had all the squabbling she could stand, she would scream at them, "Get out of this room and stay out. I don't want to see you or hear you". The re-

sult: about five minutes of silence. One rainy day, when the children were bickering again, the mother tried a different approach. "You know", she told them, "mommy's feeling a little tired. I'd really like to lie down for a while". She reports that, for a full hour, she didn't hear a sound.

8. When I talk to parents they often ask: "Do you mean I should never yell at my child and never spank him?" Of course not. If you want to impress your children with the dangers of firecrackers or city traffic, you may well have to raise your voice to let him know you really mean it. There are also times when you may feel that there's nothing else to do but spank. My daughter, for example, is my idea of a good mother. She understands her children, is with them and a part of them. She told me of one night when her younger son refused to quiet down and go to sleep. Her older son was tired, so she took the young one out of the bedroom and read to him a while. Later she brought him a glass of water. Still later, she warned him. Finally, she told him, "Listen, the time has come." She spanked him. "I think he wanted a spanking, and so I gave him one" she told me. "But I gave him a spanking with love."

9. How does a parent know if she is screaming too much or spanking too much? A good test is to ask if what you're doing is working. If you are overdoing it, it probably no longer has any positive affect. If you scream too much, the child gets to a point where he can no longer listen to you. If you spank too much, it loses its meaning. If you're honest with yourself, you know if your discipline is fair - and effective.

10. If your child drives you wild, a certain amount of that comes with your territory as a parent. If it happens too often, though, you may want to try to change your child by changing yourself. We know that a child who lives with hostility learns to fight. A child who lives

with love and understanding learns to feel good about himself and about the people around him.

The way to change is little by little, day by day. When you say to yourself, "I'll never do that again", you are setting yourself an impossible goal. One slip and you may be too discouraged to try again. Instead, if you're screaming or hitting your child more often than you think you should, try waking up tomorrow and saying, "I won't do it today". The next day, set yourself the same goal. That way, you're aiming at small achievable victories. You never say 'never' and you never say 'forever', and in the meantime you're changing the lives of two generations, yours and your child's.

PARENTS ANONYMOUS

We conclude with some additional guidelines as set forth by Mrs. Jolly K., who originated and founded Mothers Anonymous - Parents Anonymous in 1969 and is the founder of Parents Anonymous as it exists today in Los Angeles, California, an abuser herself.

"P.A. meetings are rap sessions when you don't have to be afraid or guilty about your feelings or your actions. Don't expect any 'instant cures' or improvements ... it took you twenty, thirty, or maybe forty years to be the way you are - you're not going to undo all those years in a couple of meetings. It takes time and work. And don't panic if, after you've become a member you slip back into some of your old behavioral patterns. It is not at all unnatural to slip once in a while. Goodness, you are just a human being, and human beings 'goof' every now and then, no matter how hard they try not to. Try to think of it this way.

Stress incidents and occurrences appear to be crises in your life. When you become strong and have members supporting you, these times will no longer seem like crises. They will soon be thought of as times when you merely muster up a healthier ability to cope.

Don't get upset if the "medicine" stings; it's geared to help you overcome a problem ... not amuse you. The program can do no more for you than you want it to, but one thing for sure: It can't kill you, and it darned well can help you.

There's one more point you should know about before you read on, and that's that P.A. is not a "show and tell" program. If you want to tell your group what you did to your kids just to get it off your chest, that's fine, but you don't have to -- ever. We are not here just to swap child abuse stories; we want to get at the solution of how to stop our abusive tendencies and abusive behavior - not the why and the what.

PARENTS ANONYMOUS

Unlike psychoanalysis, we're not attempting to probe into your childhood life, deep private secrets, or why you married this guy and not the other guy; all we're interested in is what facts in your life might have brought you to where you are today as a child abuser. We do know that at least 95% of all child abusers were, themselves, abused as children in one, or more,of the four ways broken down within this fact sheet. Just knowing that you were actually "taught" to be a child abuser aids greatly in overcoming your own fears and tensions. As an adult, you do not do every single thing your parents taught you to do ... and there's no reason why you must abuse your own children either. Understanding yourself and why you abuse children is more than half the battle.

Psychoanalysis may be the best route for some abusers, and it can certainly be of great value in conjunction with P.A., but it is not necessarily the only solution to our problem; mainly because it takes so darned long. We are interested in helping you to cope right now with your present relationship with your children. Your kid doesn't know what prompts you to physically or emotionally abuse him...and he probably doesn't even care (depending upon the child's age, of course): what is important is that you stop the abuse and immediately. Even though we place emphasis on the why of your behavior, it is the behavior itself that must take precedence over everything else.

It will be harder for some people than for others, and there's no shame if you're one of those people who find the going extra rough. The man with two crutches can't run as fast as the man with only one crutch, and neither of them can run as fast as the man with no crutches -- but there's no "shame" attached to having a crutch. We're all in this race together and we all came to it with ideas and rigidities (crutches), many times inherited from long ago.

The only way we can "win" is if we understand ourselves, and a way to control our actions; then we can work with our problems, then we're ready to learn and progress, and get rid of our crutches. And that's all that child abuse is .... a destructive crutch. Once you know and accept that, you're on the way to the winner's circle."

GOOD LUCK!
KEEP IN TOUCH!

HON. GERTRUDE M. BACON
President, Founder and
Member, New York Chapter.

PARENTS ANONYMOUS

TELE: (212) 765-2336

Parents Anonymous is a not-for-profit corporation, incorporated in New York State, whose main office is at 1841 Broadway, New York, N.Y. 10023. The New York City parent chapter also serves as a central clearing house, which services and aids other chapters by distributing information to present and future members, and is headquarters for public relations.

Parents Anonymous of New York City has all rights reserved for the State of New York in respect to the use of the names: "Parents Anonymous", "Mothers Anonymous", and "Fathers Anonymous".

All persons interested in starting a chapter of Parents Anonymous are welcome to start immediately, keeping in mind that they can only operate with the permission and consent of the parent chapter in New York City, in order to preserve its basic concepts and philosophy.

After a chapter is started a written report of its activities shall be sent to the New York City parent chapter every sixty days.

Senator **Stafford**. The record should show that Mrs. Bacon is a former New York family court judge.

I will turn the chair back on the chairman.

Senator **Mondale**. Thank you very much.

Would you proceed?

Mrs. **Bacon**. Thank you, gentlemen. I, too, was so impressed with Jolly that I can represent the influence of a Jolly, of that honesty, and a gal who really wanted to help herself, by telling you that Jolly's influence has led me to doing something at this stage of my life that I feel is the most satisfying thing I have ever done.

That is the Parents Anonymous group in New York.

Not meaning to emulate myself, gentlemen, but I should tell you a little of my background and how I got involved with Jolly. I have been many things, as we all have, some of the things that I have been in my lifetime have had titles to them. That was good, too. I had a formal education. It is interesting that Jolly has not had a formal education and yet I guess she is just about the best educated gal I have ever heard, as far as I am concerned.

So perhaps I represent the other side of the spectrum in a human being who has been formally educated, who has been a member of the establishment for many years.

No one has discussed chronolgical age here today and neither will I. I will not exempt that as a woman's prerogative. I haven't heard any gentleman discussing his chronological age.

My past includes almost 1 year of teaching, 15 years on the staff of the Legal Aid Society in New York City where I vas accepted as a DDC specialist, and DDC stands for Domestic Difficulties and Children's problems. Then I thought I reached the height of elevation, literally and figuratively, when I went on to the bench as a family court judge.

Instead of realizing that it was a dream come true—yes, it was a dream come true but it turned out to be a nightmare. It turned out to be a nightmare because I suffered every darn minute that I sat on that bench.

In the family court and juvenile court in New York, which is very similar to the courts throughout the Nation, we could not perform the services that people thought we could. We didn't mean to be deceivers but we were deceivers. We were not gay about it, but deceive we did.

Day after day just got worse and worse, until I just felt that I had to get out. I felt like a phony. People would come in, parents and children, crying for help, saying, "Judge, my son is a good child. He has a problem. He is acting out. We know you can help us." How many times I wanted to take them, and a few times I did, into my robing room, and say, "Mother, dad, get out of here. The best we can do is start a record for your child," because in actuality we had no positive service for the children who were acting out, and by their acting out were asking for help.

When I got off the bench, a subcommittee in New York—and now that I am detitleized I get confused with titles and I am glad to be free of that for the moment—there was a committee and I think it was called the State Assembly Select Committee on Child Abuse.

I think I got the full name in. It asked me to come on the committee as a special consultant to help them change city and State legislation in respect to children's protective services. That is what we are talking about, isn't it? It is all children's protective services.

So I came on for awhile. When I did, I made a trip through the United States. One day I picked up the New York Times and saw a little article somewhere about a gal in California named Jolly who had a group of mothers called Mothers Anonymous, who were doing something effective about child abuse and neglect on a nonprofessional level, on a peer level. They were helping each other. They were looking at each other. They were feeling for each other.

I said to my dear spouse, "Honey, I think I ought to go out and see that gal," and my wonderful husband said, "Why don't you?"

We have a very good relationship. Whenever I want to travel, he encourages it greatly.

So within 2 or 3 days after I read that newspaper article I met Jolly, and extended my stay in Los Angeles because of the effective work that Jolly and her groups were doing. I stayed with them and saw how they worked and saw how effective it was.

I came back to New York and started Parents Anonymous in New York. I still keep trying, gentlemen——

Senator **Mondale**. When did you start Parents Anonymous?

Mrs. **Bacon**. We celebrated our first birthday in New York on February 8. We are 1 year old.

We don't keep statistics. The whole concept of Parents Anonymous is anonymity, confidentiality, help on a peer level, no reporting. In this way we can reach out to many abusing parents who can't be reached by the other services.

Senator **Mondale**. What has your experience been? What kind of people come in? What kind of problems do they have?

Mrs. **Bacon**. I would like to add to Jolly's members and tell you this. You were talking about lower class, middle class, upper class. I will keep it in that category because you so categorized it.

Senator **Mondale**. I had a reason for that. It was my impression that this was considered just a poor people's problem.

Mrs. **Bacon**. I will tell you some sons and daughters of the rich have the same problem. Among our very good members—and I do say good members with not tongue-in-cheek—we have one of our outstanding psychiatrists in New York.

We have a pediatrician. We have a high school principal. These are people who, through a continuity of telephone calls, can relate to us and we can relate back to them and they can tell us that they feel better, and that they are not emotionally neglecting their kids anymore, and they are not screaming at their kids anymore so that they are frightened to death or turn to being deaf.

Many of our kids do become hard of hearing because of our own screams. In other words, they are feeling better about themselves, these people in high professional places. They also are very human, as we all are, and all have tempers, as we all do. The difference, of course, is how we have learned to control our tempers.

God gave all of us tempers. We in Parents Anonymous tell ourselves that we must learn to better our habits on a day-to-day basis. That is how we live. We don't use the word "never." We don't use the word "forever." We say, "Am I a screamer?" And then "Today I will not scream."

Somehow it works for us. It works for many of us. It may not work for some, but we have had fine results. I can speak for myself. I am a founder in New York. I consider myself a member. I can think back to when my children were little and think how much I would have benefited and my children if there were something akin to a Parents Anonymous group. Who was I going to talk to about my feelings? Me—the teacher?

My kids used to sit at the table with me and say, "Mom, you ought to be a matron in a reformatory." When my kids were little and I was young and foolish, I thought that was a compliment. I realize that that was very far from a compliment.

I have learned that you can teach an old dog new tricks. I am learning every day. I have been married for 31 years. I am beginning to smile at my husband every morning. That wasn't easy, but I do it now.

Senator MONDALE. You have been through a lot.

Mrs. BACON. Yes, indeed. And so has he. And I am beginning to appreciate that fact, Mr. Senator. The concept of self-help, of looking at someone and caring about someone, and saying, "Good morning" and say, "Gee, what you did," as Jolly said, "Was a lousy thing. But the fact that you took the trouble to call this number shows that you still care about your child and you want to change that habit. That is the thing."

Senator MONDALE. What kind of generalizations can you make regarding the number of parents who abuse their children? I am trying to get into the tough stuff. What can you tell this committee with regard to the situation in which a normal family lives?

What are the sorts of things which brutalize the child, physically or psychologically? How many parents do you think go beyond the "normal range of discipline" into this devastating kind of behavior which has been described today? Do you have any idea of what kind of numbers we are dealing with, how pervasive it is in American society?

Mrs. BACON. I want to give you honest answers. I have taught myself to give only honest answers these days. I can answer that through my own experience on the bench with the serious abuse and neglect cases that were brought before me, and consulting with all my colleagues.

I can tell you that without exception in every horrendous case of child abuse where the child was finally DOA, when we went back we found that that family was known in the past by the Department of Social Services or by the Bureau of Child Welfare, or by some agency, and in almost every case without exception there was no followup by the agency to the family who first came for some help, to the family who couldn't make it and went to an agency and said, "Hear this," and then someone there would say, "Fine, don't call me; I will call you" and down the line.

In all seriousness, I made my own study in New York and found that every single death case was first known to an ongoing agency where they first went for help. That was the neglect of the agency or DSS, or HRA, or BCW. I don't know what you call social services here.

I went around, too, to Philadelphia, Atlanta, Denver, et cetera, and it was the same situation. Judges were screaming there because of no accountability, no consolidation, fragmentation of services—screaming about it.

In Los Angeles, which is one of the most progressive, still the same common complaint. The right hand doesn't know what the left hand is doing. How do we pull together?

In my humble opinion, gentlemen, I do have a practical plan which is the establishment, very akin to what you have suggested in your bill, Senator Mondale, but with a few additions as to how you can have a central accountability source so that reporting will be meaningful and followup with constructive action.

The reporting isn't the thing. In New York we have a lot of people who call in. We have a number and they say, "Call this number, report" and people do call in. It is the followup that is lacking. It is the followup in New York, the followup all over the place.

I maintain that children's protective services is of such importance that that has to be set aside, be autonomous, in a central agency, perhaps manned on the Federal level, with child services authorities in each of the 50 States, which will have central registries and will mandate that all persons, agencies, judges dealing with child abuse neglect will meet perhaps every 60 or 90 days and give an updated report on the progress of that suspected abuse or neglect case.

In this way, we won't be able to cover ourselves up anymore. We are going to be able to know where that child is from the first time there is a complaint of suspected abuse and neglect. Then we will be able to do something about it.

I am not going to take anymore of your time, Mr. Senator, unless you want me to, but I will send you, with your permission, my recommendations on implementing reporting in such a way that it will be most effective.

Senator **Mondale**. Do you want to explain the charts?

Mrs. **Bacon**. These charts, and I am not a Freud to say so because the originator of these charts was Mr. Freud.

This one says, "Children learn what they live."

The one that just fell is in Spanish. We are doing these in French, Spanish, and German. What it says is, "Monkey sees, monkey does." We may not like it, but our children are the products of us, the custodian. How about the parent who screams, "Will you please shut up? If you scream again, I will kill you." You can rest assured that that kid is going to be a screamer.

How about the more serious aspect of the parent and society that says, "Johnny, I am going to give you the beating of your life and this will teach you not to hit your friend Joey down the block." How about that? What is it going to teach Johnny? What are we teaching all the Johnnies and ourselves?

This poster says we better buckle up and see what we are, and see that our children are our reflection. Many of our members call us and tell us that this is their guideline. When they get "hung up," they take another look at this poster and it tells them so much.

There is one short letter I would like to read. It is very short. It is from one of our male members who is in the profession who has given me permission to read this letter to you.

> Dear Gertrude: Thank you for all the help I have received from both you and your PA program. I have applied the most practical suggestions and somehow they seem to work. I want to thank you for the posters, and the daily goals and guidelines, both in English and in Spanish that you have sent me. The attitude

around the house has changed considerably for the better. Whereas before it was hostile, it is now more of a cooperative nature. I will contact you again from time to time. Also, you have my permission to use this letter in any way you prefer.

Yours,

JAMES.

I think this gives a pretty good idea of what parents can do for themselves when they feel that they are not alone.

Senator MONDALE. Your experience is interesting because it comes first, I guess, as a prosecutor.

Mrs. BACON. That is the way I felt, Mr. Senator.

Senator MONDALE. You were with Legal Aid.

Mrs. BACON. Well, I was mostly defense.

Senator MONDALE. Then you were assigned to the court and you saw a stream of this kind of abuse come before the court.

Mrs. BACON. That is right.

Senator MONDALE. And you saw the operation of welfare agencies and social agencies, the breakdown of the reporting, the unresponsiveness or the irrelevance, if you want to put it, of the existing social services to this problem.

Finally, you reacted to the Parents Anonymous organization which was established on the west coast by Jolly K. Then you went and established one of your own in New York City.

I gather from your testimony that you believe that that is the direction we should go. Would you, as a matter of policy, support that part of our measure which seeks to encourage and support the establishment of Parents Anonymous organizations over the country and to have some sort of national focus for them?

Mrs. BACON. Absolutely, without reservation. Do you know how far this has spread? Dr. Raskofsky, and I found out he is one of the top psychiatrists in all of Argentina, has written to us to come down to South America and spread the program down there. We have been invited to France, to spread the program there; to Germany.

There must be something good about this self-help group to get this immediate feedback and recognition, to say, "Come over, send us your stuff. We want to get this started as soon as possible."

As Jolly has told you, we have groups all over the place. I really can't give numbers because as far as we are concerned we don't say, "You must report back to us." So we only know the groups who tell us they exist. What we say is, "Get it started. You can carry this with you. Get yourselves going."

Senator MONDALE. This is very similar to the youth emergency service. One of the problems is the fear if the Government gets involved in funding it will louse it up. What is your feeling?

Mrs. BACON. Mr. Senator, don't you think we can reach the time in 1973 when we can get involved with a good program without lousing it up? I think there has to be a way. I think in my humble opinion I can make the suggestion that there is a way. If you are satisfied, if you good gentlemen in Washington will make your investigations, travel around, visit with some of the groups and see for yourself how they are working, you can afford to trust them and say, "We will keep a hands off policy." You have to do it on a peer level for Parents Anonymous to become effective. It can't become an agency or it would lose its effectiveness.

They work as a not-for-profit organization and they should be able to get additional funding if they need it without getting tied up in the fragmentations that seem to kill all of us.

Senator **Mondale**. You set your organization up without any Federal funds?

Mrs. **Bacon**. Yes.

Senator **Mondale**. Then why do we need a Federal funding program?

Mrs. **Bacon**. Because we are straining at the bit. Mr. Senator, I have been fortunate. I have a few good friends who have sponsored us. They can't do this forever. You know the charity situation in this country. There are more and more good charities that deserve contributions from individuals.

If something like Parents Anonymous could get just funding for rent or specific things so that we could go on, it would be a help. I don't think Parents Anonymous can go completely on by itself, although if we have to, we will.

I do think it is a good thing for the Government to recognize that self-help groups are here to stay. I think that is about the only thing that is going to save us human beings these days.

Some of my best friends, and that is no joke, are my co-members. Some of my very best friends are AA members who celebrate anniversaries. I went to a recent 21st anniversary of one of our dearest friends.

Senator **Mondale**. There is no Federal money in AA, is there?

Mrs. **Bacon**. I don't know, Mr. Senator, but I can sure find out.

Senator **Mondale**. What I am worried about is someone will say we have to have some regulations, and then funding comes out and sets up a big staff. At that point the volunteers get shoved aside.

I think it is easy to kill volunteer efforts by overstaffing, by outside manipulation.

Mrs. **Bacon**. Mr. Senator, I think we can keep volunteers and also have a combination of having some paid workers. In our work in New York we handle a 24-hour telephone service 7 days a week. We answer about 75 pieces of mail a week. Sometimes it is 400 pieces of mail a week. We are doing it.

Senator **Mondale**. What does your operation cost, approximately?

Mrs. **Bacon**. It is costly even with volunteers. Aside from that, I think that in an operation like that, where we can disseminate and spread a message, you have to have paid staff, if you possibly can.

Senator **Mondale**. Do you have any idea what your office costs? Can you submit it?

Mrs. **Bacon**. I will submit it for the record instead of guessing.

Senator **Mondale**. Would Jolly K. come back up here to answer questions about costs?

STATEMENT OF JOLLY K, PARENTS ANONYMOUS, REDONDO BEACH, CALIF.—Resumed

Ms. **Jolly K**. Talking in dollars and cents, the Parents Anonymous in Redondo Beach, which is the National Parent chapter responsible for all the PA chapters, has set up between 45 and 50 chapters. In the last 3 years since our inception we have brought in approximately

$9,000 by hook or by crook and other methods—legal, of course. A recent instance I could bring up is this past month the State of Arkansas CCC Committee paid for me to come out to Arkansas where I spent 10 days. As a direct result, we have three chapters in Arkansas, one in Pinebluff, one in Eldorado, and one in Little Rock, and soon to have two or three in Little Rock.

Had we had to rely on Parents Anonymous to have its own funds to go to Arkansas because people there requested us we couldn't have gone. There would have gone a lot of our $9,000.

Senator MONDALE. How long have you been active in Parents Anonymous?

Ms. JOLLY K. Since its inception in February 1970.

Senator MONDALE. During that period has the Federal Government helped at all?

Ms. JOLLY K. No.

Senator MONDALE. Has it shown any interest? Has any one come to see you, to talk about it?

Ms. JOLLY K. No. The Stone Foundation.

Senator MONDALE. That is not government.

Ms. JOLLY K. No. We have asked once.

Senator MONDALE. You did apply for help once?

Ms. JOLLY K. We asked on a TV show, the "Inquiry Show." A Doctor Green was there from NIMH. Maury Green asked him wouldn't we be eligible and he said, "As research, yes." But we are not research. We are service. You can research the heck out of something and still not offer any answers if that is all you intend. We said, "To heck with being research. Let's be service so this will stop."

Senator MONDALE. After going around to the local government, and so on, you have set up your own private group and are trying to raise your own money. Are you afraid that if the Federal Government gets involved with funding it will interrupt the eventual strength of this program?

Ms. JOLLY K. I think if the Federal Government is going to fund each and every chapter, yes, it would dilute the purpose, and set us up as a super-agency. I think if we had a nucleus that was funded by the Government, where that nucleus was accountable for the funds being spent as opposed to all the chapters being accountable—the chapters being accountable to the National Parent chapter, and the National Parent chapter accountable to the Federal funding source, that these funds were in fact being used as applied for, that they were being used in services, whatever it was allocated for, salary, et cetera, not being used for Rolls-Royces, pleasure trips—I think it could be handled that way if the government would allow that that nucleus would be the place for the accountability.

Senator MONDALE. I think what we said in the Youth Programs Act was that any program set up with Federal funds could only receive government support for 3 years.

It would have seen money to get started, and then it was understood that the Federal Government could not fund it after 3 years. That was on the grounds that we did not want them to get into a position of dependency and reliance on the Federal Government. Not only do we want volunteers, but second, a lot of kids will not call traditional service agencies because they think of law enforcement.

I talked to one Senator in Rochester, Minn., and the hotline there receives calls from 150 miles away, even though there were closer centers. I asked why and they said, "They think the police are listening in."

Ms. JOLLY K. But the nucleus would be the one directly involved with the government. The nucleus would be the provider and director or services out to the chapters.

Senator MONDALE. How much do you think it would cost? Would it be a modest budget?

Ms. JOLLY K. We have looked over what we could use and we have come up with the sum of $217,000 for a national figure.

The only thing we are afraid of is people are going to look at that and say, "For $217,000, what can they do? It is not enough." Realistically, we can do it with that. We don't want to be another agency saying, "gimmie, gimmie." We want a realistic amount. We can show that we can do it on that realistic amount. It is feasible. We can render very effective, high quality services for less than a quarter of a million dollars on a national basis. How we can be self-supportive at some time, we have that built in. We can hire somebody to help us learn how to become self-sufficient.

Senator MONDALE. Have you been in contact with foundations for money?

Ms. JOLLY. K. Yes, we have. We have had some trouble becoming tax exempt. That has thrown a wrench in the works.

Mrs. BACON. We are tax exempt in New York completely.

Senator MONDALE. Have you tried to get foundation money?

Mrs. BACON. Yes. We have written. They all answer—negatively. But they answer. You mean private foundations, don't you?

Senator MONDALE. Yes.

Mr. BACON. Yes. We have written to the private foundations in our area and they have all answered.

Senator MONDALE. "No?"

Mr. BACON. "No."

Ms. JOLLY K. We have written, too.

Senator MONDALE. It occurred to me it would be good to get a quarter million out of foundations.

I think you should be tax exempt. You can administer it flexibly on a national program to organize these groups without getting into Federal legislation and all that goes with it. It sound kind of anti-Government today, but I think the genius of these organizations is that they are independent and flexible.

As soon as you get a $25,000 civil servant, you have problems.

Ms. JOLLY K. One of our biggest costs is literature, printing. We are nonprofit but I haven't found a printing house yet that was nonprofit. They want their money. Another one is telephones. We are nonprofit but generally telephone and Ma Bell she ain't. They want their money. It costs dearly to us to accept a phone call from someone in the valley at our phone in Redondo Beach. We don't know if that mother is ready to say, "Hey, please help me. I feel like I am going to kill my child." We have to accept the phone call. She may be calling up to say, "I think you all stink." It still costs us money. We can't wait around for private funding organizations that still say, "You are not top priority."

There are 700 kids a year that die from abuse, but that is not important enough for them to put their funds there, and the 60,000 identified cases. What about the unidentified? VD has beaten us out again, and abortions.

Mrs. Bacon. It is a gut reaction. You say, "What a terrible thing those parents are doing. Isn't it nice you are dealing with those parents. Let's string them up." To some of my friends who say that to me sometimes I say, "Got a piece of rope?" They will say, "Yes," and I say, "You better get a long piece because if we start stringing up the parents who should be doing a better job with their kids, be careful, you will be on there and I will be on there, too, as parents." You don't have to be a goody-goody gum shoe, or be namby-pamby, to say that punitive measures, per se were working, if we found they were working, we wouldn't have this problem. They seem to produce the reverse effect. They seem to get people angry, more upset. Incarceration alone on an incarceration basis will get any person feeling worse when he is let out if we don't do something on the positive level. We have to start to accentuate the positive. The negative has been playing too much a part in our lives. It is so easy to say, "Do away with them." We can't control crime, so we will bring back capital punishment.

Ms. Jolly K. You were saying about the financing with possible Federal funds. I would love very, very much if someone from HEW would walk up and say, "I understand you are having a serious problem with printing material." I understand that HEW throws away tons of printed material that is outdated every year.

Senator Mondale. Have you been approached by the Federal Government, by NIH or HEW, to help you?

Mrs. Bacon. No, not at all.

Senator Mondale. They are a very active outfit. Last year it was crib deaths, and they said, "Don't bring up the subject."

Mrs. Bacon. I am thinking of the doctors and the reporting situation, Senator, to make the reporting effective. I don't know how many doctors I have spoken to who have said, I would be glad to report if I got some cooperation from the courts, social services, et cetera." This is what happens: a doctor reports. He is forced to come into court. He sits around and before he knows it, he doesn't know whether he is a petitioner or a defendant or what. His patients back at the hospital suffer. Doctors recommend specifically that if you want them to cooperate with good reporting on a positive level, they would, if you took their affidavits rather than insisted that they come down to court and lose a day or days or a week in that situation.

Ms. Jolly K. I keep going back to your remarks. I am going to pick up on the financial thing again because we are hurting. We are so poor even the poor people call us poor as an organization. That is no joke.

I want to go back again to sick horses because that is something we all know about. In 11 Western States, which comprises the bulk of horses, within about a month and a half we identified the miserable little thing that induced the sleeping sickness in all these critters to begin with. We had Government agencies who had not talked together before cooperate with each other, inoculate free of charge these horses in 11 Western States. My neighbors across the street from me own two horses. In nothing flat the moneys were poured in to have those two horses inoculated. Their veterinarian told them it would cost $15 per inoculation. How many strings were attached to that? They only had a month and a half. They couldn't attached a lot of strings. Yet we knocked out that sleeping sickness that horses were coming down with. They couldn't have put too many strings attached. They didn't have enough time to complicate it. They rushed in with Federal moneys and saved the horses and now little boys and girls can have their horses to ride and we can be satisfied that we got rid of that nasty little mosquito or fly that came up from Venezuela and put the horses to sleep. The big daddy, the Federal Government, got the money in there and saved the horses. Why can't they do the same thing about child abuse? Is 700 kids of less priority than thousands of horses?

I am a great animal lover, with two dogs, two cats and two salamanders. But at the same time I am great kid lover, too. I have two of them. By ignoring the problem, by not getting these funds in, in effect it is telling me "Make your case a top priority. Kill your kids or come close to it. Then we will pay attention. Unless you do something drastic and dramatic we don't care. We don't want to hear about you. We will keep you under the rug until you have made so much blood and gore we can no longer ignore you in society. Then we will spend money on you. We will spend thousands of dollars to keep you in jail. We will spend thousands of dollars to keep your kid in a foster home. When your kid starts acting out we will spend thousands of dollars to keep him in juvenile hall. We will spend thousands of more dollars on the pathetic parent, the monster."

How much does it cost for a parole agent to keep me on parole for several years after getting out of prison, having cost the taxpayer thousands of dollars? If one-third of those could be spent in 1 year's time to rehabilitate my family, my children who need services and me who needs services, getting inside the family and working from there.

If I produce a healthy environment for my children to grow up in, my children will not grow up to be on the welfare rolls by way of being a recipient from juvenile hall. Healthy kids don't end up in juvenile hall. They don't grow up to be a drain on tax dollars by having to go to mental health centers, being in jail, being in and out of hospitals.

These things cost money. It is cheaper to rehabilitate our family as a family so we can raise healthy children by direct example of healthy parents. These kids can be healthy adolescents, healthy young adults, healthy parents themselves, raise healthy children and go on to repeat a healthy cycle instead of this truly vicious cycle of child abuse. I was abused as a child. My daughter was abused. My mother was abused. My grandmother was abused. Family history does not permit me to go back further, but I suspect it, the abuse, goes back further. I am not alone, I am not unique. That is why I am not afraid to talk about these things. If I can present myself as one person who has gone through this, I am speaking for hundreds of thousands of parents and their children.

If I hadn't been helped and my child not helped, in all probability when my child got to her childbearing years we would have more abused children and more as they grew up, and more and more, we keep talking in our society about prevention. If that is not prevention in the most beautiful sense of the word, I don't know what is. I am preventing my child from growing up and abusing hers, by exposing her to a healthy lifestyle. It may be a little late in coming, but it is there now.

Senator MONDALE. Thank you very much for your statements. They have been most helpful in presenting many aspects of child abuse in a way we would not have seen them.

Thank you.

We will recess until tomorrow morning at 10.

[Whereupon, the committee recessed, to reconvene at 10 a.m., on Tuesday, March 27, 1973.]

CHILD ABUSE PREVENTION ACT, 1973

TUESDAY, MARCH 27, 1973

U.S. Senate,
Subcommittee on Children and Youth,
Committee on Labor and Public Welfare,
Washington, D.C.

The subcommittee met, pursuant to recess, at 10:05 a.m., in room 2167, Dirksen Senate Office Building, Senator Walter F. Mondale (subcommittee chairman) presiding.

Senators present: Mondale and Stafford.

Committee staff members present: A. Sidney Johnson and Ellen Hoffman, professional staff members.

Senator Mondale. The subcommittee will come to order.

This morning we are going to have a fairly disorganized morning, because there are votes scheduled on the Senate floor starting at 10:30.

We continue our hearings this morning on the Child Abuse Prevention Act of 1973.

Our first panel is composed of Stephen Kurzman, Assistant Secretary for Legislation, Department of Health, Education, and Welfare; Saul R. Rosoff, Acting Director, Office of Child Development; Michio Suzuki, Acting Assistant Commissioner for Program Management, Community Services Administration, Social and Rehabilitation Service; and Dr. James Goodman, Director of the Division of Special Mental Health Programs, National Institute of Mental Health.

STATEMENTS OF STEPHEN KURZMAN, ASSISTANT SECRETARY FOR LEGISLATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; SAUL R. ROSOFF, ACTING DIRECTOR, OFFICE OF CHILD DEVELOPMENT; MICHIO SUZUKI, ACTING ASSISTANT COMMISSIONER FOR PROGRAM MANAGEMENT, COMMUNITY SERVICES ADMINISTRATION, SOCIAL AND REHABILITATION SERVICE; AND DR. JAMES GOODMAN, DIRECTOR OF THE DIVISION OF SPECIAL MENTAL HEALTH PROGRAMS, NATIONAL INSTITUTE OF MENTAL HEALTH

Mr. Kurzman. Thank you, Mr. Chairman.

My colleagues and I very much appreciate having this opportunity to appear before you today to discuss child abuse.

The Department of Health, Education, and Welfare shares with the subcommittee an urgent desire to find the means with which to bring an end to these tragic events in the lives of children and their families.

We are deeply involved, and have been for some time, with seeking answers to this difficult problem. However, the actual provision of needed services to children and families suffering from this problem is a role which we believe is appropriately performed by States and localities.

OVERVIEW OF THE PROBLEM OF CHILD ABUSE

Child abuse is a very complex phenomenon. The concept of abuse is subject to varying interpretations, ranging from serious, intentional, physical damage of the child by the parent to parental inability to provide basic care and protection for the child. This confusion is reflected in the definitions of child abuse which appear in the statutes which have been enacted in all 50 States, the District of Columbia, Guam, and the Virgin Islands. As a consequence, there is substantial difficulty in obtaining meaningful statistics on the incidence of abuse.

The problem is further complicated by the serious legal issues raised by governmental intervention in the parent-child relationship, including the weight to be given the rights of children as opposed to the rights of parents, due process, and the serious problem of privacy. Legal protection of citizens who report suspected cases of child abuse is a difficult problem as well; we know that many cases go unreported because the potential complainant fears a law suit if abuse is not proven.

The causes of child abuse are complex and require a complex response. Every case of child abuse involves three factors: a vulnerable child, a potentially abusing parent or parent substitute, and a stress situation which triggers the abuse. To deal with only one factor in the situation may alleviate a particular crisis, but it often does not eliminate the danger that even more serious action may not occur at a later date. To deal with only the child and his physical or mental symptoms is to face only a part of the problem, since abuse does not occur in a vacuum—the child is an integral part of a family whose adult member or members need help in coping with emotional or environmental stresses.

Our efforts to deal with child abuse must build upon the family as a first line of defense if we wish to help children. We must intensify our efforts to provide parents, parent surrogates, or child care givers with the necessary support to nurture children in their care. Efforts such as the Department's Education for Parenthood program, Parent and Child Centers, Maternal and Child Health Services and Child Welfare programs, all strive to strengthen the family as a child nurturing unit. And, indeed, there are a number of other programs administered by other departments, such as the nutrition programs of the Department of Agriculture and the manpower program of the Department of Labor which are also designed to strengthen the family, to make it more self-sufficient and to reduce the potentiality of abuse and neglect of children.

And, finally, we must not lose sight of the importance of providing treatment to the child abuser so that a child can remain with his family even though that child may have been in the past abused or neglected. This is an important principle which should not be overlooked, and which of course is being stressed by so many of the researchers in this field.

Turning now to the existing role in dealing with child abuse. The Federal Government's relationship to State and local activities involve a very wide variety of HEW programs that impact on the problem of child abuse, and I will describe their authorities and funding levels very briefly.

Basically the Federal Government aids States and localities in carrying out their responsibility for the protection of children. We do this through activities such as the development of a uniform reporting law, through the conduct of research and demonstrations which identify various approaches to assist children, through grants to States for services such as provision of food, clothing, and shelter when necessary and health services, which are targeted primarily to the economically disadvantaged, and through the provision of technical assistance and consultation.

The protection of children is largely a State responsibility, carried out through a variety of statutory provisions, including those of the criminal law, juvenile court acts, protective services legislation, and specific child abuse reporting laws. The vast network of State and local institutions such as schools, hospitals, law enforcement agencies, social service agencies, and a wide variety of private agencies expend substantial sums of money in a wide array of programs.

This network in itself is something of a system which often represents a continuum of actions such as discovery that a child has been abused, the meeting of health needs, placement, and other remedial programs. It is appropriate in our society that these actions are often dealt with by different units in the community. Many of these programs are carried out through agencies which have paralleled Federal counterparts, such as health and welfare agencies, and child service organizations. The Federal agencies relate to the programs conducted at the State and local levels, offering a wide range of assistance subject to policies and guidelines.

The bulk of the Federal funds which the Department of Health, Education, and Welfare has been providing to States and localities to assist them is in the form of funds for services under both title IV–A and IV–B of the Social Security Act. In the period of fiscal year 1971–74, we estimate that $224,362,000 of title IV–A funds will be expended on protective services such as the immediate intervention and support necessary to prevent continued abuse or neglect of children, and $655,000 will be spent on research and demonstration related to child abuse; in fact, two of the three services now mandated by this law and the proposed revision of the social services regulations relate to child abuse.

These are protective services and foster care. Title IV–B will have funded $2.543.000 in abuse. related child welfare services during the same period. The Office of Child Development, through its research and demonstration grants will have funded $3,190,674 of support in this period. Maternal and Child Health Services, under authority of title V of the Social Security Act, will have spent another $76,032 in this period. The NIMH will have expended an estimated $829,534 in fiscal year 1971–74 from Public Health Service Act funds. During this 4 year period, the total of these expenditures is $131,656,240.

Senator MONDALE. Is it your testimony that the Federal Government is spending, by the end of fiscal year 1974, a total of $233 million on child abuse?

Mr. KURZMAN. Child abuse or child abuse-related activities.

Senator MONDALE. How much is on child abuse and how much is on child abuse-related expenditures?

Mr. KURZMAN. That is a very difficult question. We have tried to be as conservative in our estimate so we do not mislead the subcommittee. As I understand it many of the children are served by protective services under both title IV–A, which is limited to present or former potential welfare recipients, cash assistance recipients, and IV–B, child welfare services not related to cash assistance, children who need protective services either because there has been some sort of intentional abuse or because there has been one or another form of neglect or negligence on the part of the parent or parent substitute, or because there is no parent or no one in place as a parent. So it is very difficult for us, given this range, to determine at this point which children fit into which category.

Senator MONDALE. You see what we are focusing on here is not the broad range of child supportive services which is a broader issue, but this area which we call child abuse in its more, almost pathological kind of definition. These are children who have been poisoned, knifed, mutilated, dismembered, and subjected to a whole range of tragic permanent psychological and physical assaults, which are nothing short of atrocities.

We are trying to figure out how much of a focus there is on that phenomenon in the Federal budget. I suspect that of $66 million, most of it goes for other matters.

We had testimony here yesterday from someone who had been a child abuser and who is now working in the field. She testified that she went to welfare offices and asked for help, saying that she knew she was an abuser, that she was afraid for the health of her children; and these were the traditional services that are spending the money that you are talking about. She did not get the help. She testified that many other abusive parents have had similar experiences.

So I agree, you know, that by one definition all of this money is being spent on children. It is important that it is. These services are essential, but what we are trying to find out is whether there is an adequate focus on this special problem, that the focus is adequate to deal with the enormity and the disastrous nature of child abuse. That is why I wonder how much of this, say, $67 million that you list for fiscal year 1974 do you think is targeted into the area of this kind of child abuse. We had the same problem with sudden infant deaths last year. We tried to focus on what the Federal Government was doing with this sudden infant death syndrome, so-called crib death, and the figures they gave were for very broad research, which was only indirectly related to crib death; and when we finally got down to what was being done in that field, very little was.

So I would like to know—although it may be difficult to sort it out—just about what you think the level of specific Federal effort is from a funding standpoint.

Mr. KURZMAN. As I said, Mr. Chairman, what we have done in providing these figures is to try to focus on as carefully as our data will permit, an answer to the question that your subcommittee is concerned about, because it is a serious problem and is one which very much deserves attention.

As I say, in the cases that I have listed here of research and demonstration grants we can be very accurate. In those cases we really are talking about child abuse.

Senator MONDALE. I can see some specific grants here that would appear to be directly related to the problem. This is on page 2. But those are modest grants, $128,000, $154,000, and so on, $38,000. In other words, what I am trying to say, and I think you are saying the same thing, is that of the $67 million, most of that goes for matters other than what we are talking about here.

Mr. KURZMAN. Mr. Chairman, if I may, in the $231,656,000 plus that I have mentioned as the total——

Senator MONDALE. That is since 1960.

Mr. KURZMAN. From fiscal year 1971 to 1974.

Senator MONDALE. Fourteen years.

Mr. KURZMAN. That is 3 fiscal years—1971 through 1974. I am sorry; it is 4 fiscal years. That is a total which I have tried to break down here. Those breakouts are our best estimates of how much has been spent under each of these authorities, the IV–A and IV–B authorities, separating child abuse from the other protective services which are also funded under those titles.

In the case of research, the total of child development, for example, of almost $3,200,000 does represent research and demonstration regarding child abuse and not other types of child neglect.

Similarly, the title III estimate and the NIMH estimates are based upon an effort to answer the subcommittee's concern, not to give you the totals that are being spent on child protective services or research into child protective services in a generalized way.

Senator MONDALE. One of the thrusts of our legislation would be to require the States as a condition to the receipt of funds to establish a plan for dealing with child abuse. Would you support a requirement of that kind?

Mr. KURZMAN. As I indicate further on in my testimony, Mr. Chairman, we would prefer not to try to split up the statutes relating to this into further boxes.

For example, the section you would amend, title IV–B, covers, as I have already indicated, three classes of children in need of protective services. The abused child is one of those, a neglected child is another, and the child who has simply no one to take care of him or her is still a third group.

Our feeling is that we should not further categorize that section. We should, through Federal leadership and the leadership of many private groups in this field by whom you are being encouraged, put greater emphasis under IV–B, on the child who is abused; but obviously we do not want to get into a situation where a child totally without a parent or not being abused is also neglected by these services. Our concern is that we not try in ~~a very~~ rigid way at the Federal level to decide State-by-State for every State what the mix should be under IV–B or for that matter under IV–A or under title V or indeed under any of these other programs that we mentioned that do reach, should reach, are available to reach the abused child, to tell them how among these three classes of vulnerable children they should apportion their money and concern.

If I may get to that——

Senator **Mondale.** Now we had testimony yesterday from two or three sources, and we are going to have some more today, which says there is just nothing going on at the State and local level. We have had testimony that adults would go to welfare agencies and say, look, I am a child abuser, I have got to be helped, I am afraid of what I am going to do to my children, and nothing happened. They decided to seek help from the Federal Government, help from the State and local governments on this problem and did not get any.

It sounds to me like what you are proposing is a kind of rhetorical attack on this problem, but no substance. I want to be fair to you. Do you not think the Federal Government ought to try to give specific focus to State and local efforts to combat this outrageous problem of child abuse, better than just sort of a generalized comment that they ought to be concerned?

Mr. **Kurzman.** Mr. Chairman, I think you are mischaracterizing what we are doing and what we are seeking to do. I think we are trying to focus. I just question whether your proposed means of focusing is going to bring about any better results.

We have been spending very substantial sums of money here. We are talking about an effort involving a total in both services and in matching funds for services and in research and demonstration of about a quarter of a billion dollars over a period——

Senator **Mondale.** Fourteen years.

Mr. **Kurzman.** No, no, no. Mr. Chairman, it is 4 years. It is fiscal year 1971 through fiscal year 1974.

Senator **Mondale.** But it is not for child abuse.

Mr. **Kurzman.** Yes, it is, Mr. Chairman. I tried to indicate to you we have tried to break out those funds which we believe have been spent on this problem, not on other problems.

Senator **Mondale.** You say that you are applying this—the figures you are talking about represent money that goes only to child abuse, is that what you are saying?

Mr. **Kurzman.** To the best of our ability to break them out, yes, Mr. Chairman, that is what we have tried to do.

Senator **Mondale.** So what you say and what we are hearing from other witnesses are two different things.

Mr. **Kurzman.** We have done the most conscientious job we can with the figures available to us, and we are dispensing the funds.

If I may, I would like to get into a little analysis of what we think the problem is and what we are doing, because I think we are seeking to do a much more ambitious and better job than you are giving us credit.

The three major elements of the child abuse problem, as we see it, are, first, the identification of abused and neglected children.

Clearly this involves the problem also of our getting to the possibility of preventing abuse and neglect as well as what should be done once an instance has been identified of abuse and neglect.

It also involves what is known today about what can be done to remedy the problem and what more needs to be done in order to have more effective child abuse neglect programs.

On the first point, the question of identification of individual cases: the protection of children has tended to be largely a State responsibility. A key aspect of our concern relates to identifying the abused child and the reporting of such incidents. There are substantial differences in the reporting laws from State to State. Abuse is defined in various ways although the definition always includes physical injury of a nonaccidental nature. There are significant inconsistencies with respect to such aspects as the upper age limit used by the State in defining the age of the child coming within the protection of the report in law, whether reporting is mandatory or permissive for those persons cited in the law, and the issue of immunity for those who report cases of abuse.

In addition, the States reporting laws vary as to who must report and to whom one must report. In most States, physicians and other hospital personnel are required to report instances of child abuse which come to their attention, as are law enforcement officials. Other States required reporting by teachers, dentists, and a long list of other personnel including "any other persons" who may have reason or cause to suspect abuse, or in some instances neglect.

Senator **Mondale**. How effectively are those State and local laws working?

Mr. **Kurzman**. I think they vary widely, as my testimony will indicate. We have an example in one State in Florida where it is working very well. I am sure in some States it is not.

One of the things we are trying to do is to investigate through the Office of Child Development——

Senator **Mondale**. How do you know how well these State laws are working? Have you done a study of the State laws?

Mr. **Kurzman**. We are undertaking to do such a study. As I say further on in my testimony, Mr. Chairman, the Office of Child Development is undertaking to do that, to determine whether we ought to do what was done in the 1960's, which was to promulgate a proposed model code. That was done and led in most States to the adoption now in all States, at least four other territories, of a model child abuse law. Now we think it is time to review those. The Office of Child Development is doing so, and it may very well lead to a revised model code to take advantage of the benefits of the States which have moved farther in this field and set a higher bench mark than was originally set.

Senator **Mondale**. How well do you think they are doing in the States generally speaking?

Mr. **Kurzman**. I would be happy to ask my colleagues to reply to that.

Senator **Mondale**. How many States have fully adequate programs to protect children against these hideous abuses?

Mr. **Rosoff**. All States have laws on the books requiring some kind of reporting.

Senator **Mondale**. We just heard that. How many have adequate laws and enforcement proposals to protect children from this hideous abuse?

Mr. **Rosoff**. This is one of the things we will be planning to do during the coming months, to make this kind of analysis to see how we can provide guidelines and new models, similar to what we had come up in the 1960's.

Senator **Mondale**. In other words, we do not know?

Mr. **Rosoff**. At this point, we have no information.

Senator **Mondale**. What do you think, how many do you think are doing an adequate job?

Mr. **Kurzman**. No way of estimating that, Mr. Chairman.

Senator **Mondale**. Do you think most of them are, some of them, a few of them?

Mr. **Kurzman**. I do not know how we can answer it, Mr. Chairman.

Senator **Mondale**. How can you make all of these recommendations if you do not know anything?

Mr. **Kurzman**. We are making recommendations about what we propose to do.

Senator **Mondale**. You just said your first recommendation is you ought to leave it to the States, and your second answer is you do not know what is going on.

Mr. **Kurzman**. Our first position is not to resort immediately to some new Federal mechanism to find the answers.

Senator **Mondale**. Tell us what is going on.

Mr. **Kurzman**. We have a mechanism in the Office of Child Development which we are undertaking to use for this purpose.

Senator **Mondale**. It must be very effective. You do not even know what is going on.

Mr. **Kurzman**. We think it can be more effective, and we intend to make it so, but we do not think just by creating something new that you are automatically going to make it any better. What we are trying to use are the institutions we have now to improve their services and improve our knowledge of what the state of the art is.

Senator **Mondale**. Proceed.

Mr. **Kurzman**. For example, we have conceded that experience with the various State reporting laws indicate the necessity for revision and the Department will take under consideration the revision of such laws in cooperation with State, local, voluntary agencies, and professional associations. We also require a far more adequate picture of the incidence and characteristics of child abuse than we now have. We will examine the feasibility of a National Clearinghouse on Child Abuse and Neglect for the systematic gathering of data which would assist in the analysis of trends having policy and program implications. This will be of help in the development of programs and the allocation of resources.

Another example of DHEW activity is the support provided by the National Institute of Mental Health for a conference on child abuse which will occur in June 1973. One of the major items on the conference agenda is an attempt to define the problems of identification, including the legal, social, and medical aspects.

In considering child abuse reporting laws we must keep in mind that a consistent, uniform, child abuse reporting law does not exist at the present time. However a child abuse reporting law is not an end in itself. It is a beginning, an instrument that assists in the identification of children who have been abused and, if used with sensitivity and intelligence, an instrument to prevent the abuse of children. It is a case finding technique affording the opportunity for appropriate intervention, at worst after the fact, and hopefully before serious abuse and neglect has occurred.

Seen in this way, child abuse reporting laws are useful tools for all those professionals and other persons, who have reasonable cause to suspect child abuse. This includes school systems, hospitals, mental health clinics, police departments, public welfare departments, voluntary agencies, private physicians and other health providers.

In considering the appropriate role of Federal and State governments in the identification of abused and neglected children, it is the primary responsibility of the States and local governments to identify the abused child and his family. The Federal role is one which provides assistance to States in establishing mechanisms for the identification of the abused child.

Under present law, all State public welfare departments are mandated to provide child welfare services and are supported through funds received through titles IV–A and IV–B of the Social Security Act. Some of these funds are used for the identification and treatment of abused and neglected children including the implementation and administration of State child abuse reporting mechanisms.

Senator MONDALE. How adequately are the States fulfilling the child abuse functions in the use of Federal funds?

Mr. KURZMAN. I think at this point, and I would be glad to turn to Mr. Suzuki for amplification on this that this is one of the subjects which we would like to look into further, under the stimulus of your inquiries and others, to find out precisely how well that does work, and certainly to investigate the kind of cases that you have mentioned to us.

Senator MONDALE. Mr. Suzuki, can you tell us how well the States are doing now in implementing the child abuse responsibilities that are attached to Federal funds?

Mr. SUZUKI. I would first have to say very clearly that the system that is developed under the social services program is not a specific child abuse provision as such. I think in looking at this problem we see this as the part of the grouping of protective services. Now in looking at the figures that you were raising a question about before, we have a marked expansion of the protective services program, and of the total figures that are not on here, the best estimate that we can make is that in terms of abuse related activities—because again you can talk about the child that is abused, who has been physically abused—again you hope you catch some of these prior to this, and we put into the figure that we have here those that needed really immediate intervention.

Now I cannot tell you the exact figure. But if you look at it in terms of our analysis of the total amount projected for protective services, roughly two-thirds is really related to what we refer to as abuse related situations; and if you really are saying, well we will only count those that really have to be reported, as abused, a minimum of a third is our estimate. So that again when you ask how far we are going, I woud not at all pretend that we have an adequate system in every place throughout the country, but I would also say that the push that has been on for protective services, which is the side we come in from—a program that has been expanding. The attention to the abused child has been increasing, I also think that it is not just a lack of knowledge about things. I would make the point that I do not think that in setting up a system in a community that you should have a system just related to a very tight definition of the abused child. I think it really has to be part of this larger grouping.

Senator MONDALE. That is a policy question, and the first question we have got is, and I will ask it again: How well are the States doing in protecting children from child abuse today?

Mr. SUZUKI. There is no question in my mind that there is room for improvement. It is not adequate.

Senator MONDALE. That is a negative answer. How well——

Mr. SUZUKI. I do not think it is fully adequate. I do not think any of our services are fully adequate——

Senator MONDALE. What is the best State in the Union for child abuse services?

Mr. KURZMAN. We give an example in our testimony——

Senator MONDALE. I believe you do not know what is going on at the State level, and I would like to get an answer.

Mr. KURZMAN. One of our efforts here is to determine more precisely than we now know, and we frankly and freely state that we are seeking to find out better, Mr. Chairman, through the mechanism which we now have in place. If I may, I would like to get what we think we can do through those mechanisms.

One example of what we think is an exemplary State program is currently taking place in Florida and is supported in part by title IV–A funds administered by the Social and Rehabilitation Service. A statewide reporting network was established in Florida by the Department of Health and Rehabilitative Services. This network has a 24-hour toll free WATS hotline which connects any phone in the State with the central Department of Health and Rehabilitative Services. After the report is taken in the central office, the appropriate regional office investigates the allegation of abuse. If the suspected case of abuse is substantiated, the case is followed up by the suitable service agencies to provide assistance and to avoid legal action.

The Florida system is supported by an extensive public education campaign utilizing TV, radio, newspaper, and billboard advertisements. The space in these media are provided as a public service. All telephone directories list the "hotline" number among their emergency telephone listings along with police and fire company numbers.

The net effect of this has been to very sharply increase the number of reporting cases.

Senator MONDALE. How many States have an effort like this or approximate it?

Mr. ROSOFF. This is one of the best in operation. Upon completion of the effort we have underway to analyze the State programs, we will have a better picture.

Senator MONDALAE. We do not know now, do we?

Mr. ROSOFF. One of the things we have to find out is which States do—right now we do not have that information.

Senator **Mondale**. We do not know.

Mr. **Kurzman**. Second, Mr. Chairman, once you have a reporting law and an effective implemention of it, you have only got the beginning of the process. Once found, abused children must be treated. Often a child must be separated from his home in order to protect him from further damage.

The Department, through the administration of titles IV–A and IV–B of the Social Security Act, provides funds for child protective services in each State. This includes helping the neglected, abused, or exploited child; helping parents recognize the causes of such situations and strengthening parental ability to provide proper care; or, if this is not possible, bringing the situation to the attention of appropriate legal authorities.

These services are required, by law, and also by regulations issued by the Department mandating the States to provide that "as a minimum, there will be child welfare services to children in their own homes and the provision of foster care of children." This requirement includes services for the abused and neglected child.

The Maternal and Child Health Service is the Federal agency responsible for the administration of funds for maternal and child health and crippled children's services authorized by title V of the Social Security Act. These programs and services are carried out at the State and local levels for purposes of promoting the health of mothers and children and for locating, providing treatment, and care for children who are crippled or who are suffering from crippling conditions.

Senator **Mondale**. There is a vote on the floor so we will have to recess for a few minutes.

[Short recess.]

Senator **Mondale**. I apologize for having to suspend the hearings.

If you will proceed, Mr. Kurzman.

Mr. **Kurzman**. I think I have completed the portion of our testimony that runs to the first question, identification of children who actually have been abused.

I would like to just summarize, if I may, the remaining portion of the testimony, if we may have it printed in full.

Senator **Mondale**. We will put the full statement in at the end of your testimony. I regret I had to interrupt your testimony.

If you would just summarize, in light of the heavy witness schedule behind you, we would be most grateful.

Mr. **Kurzman**. Thank you, Mr. Chairman. I would be happy to do that.

On the second major area that we are outlining, the services to the abused child, once a case has been identified, I was emphasizing that the nature of the Federal involvement at this point through the various funding sources, emphasizing again as we have discussed title IV–A and IV–B of the act. I would just want to highlight a couple of examples under Maternal and Child Health. The Children and Youth Hill Health Center in New Haven, Conn., has a referral arrangement with Yale New Haven Hospital. It has established a committee known as DART, diagnosis, appraisal, reporting, and treatment which puts together a multidisciplinary team of pediatricians, child psychiatrists, registered nurses, and social workers specifically assigned to the child abuse program. A similar project in Children's Memorial Hospital in Chicago, refers to a number of models created under grants from the National Institute of Mental Health.

Now the question of what needs to be known. Here again, Mr. Chairman, as our earlier colloquy indicated, there is a lot more than could be done. Here we feel the Federal role can be very substantial. Using the mechanism that we have in place for this purpose, the Office of Child Development is currently funding two emergency service projects, which test the feasibility of 24 hour services to dependent and neglected children, including the abused child. There are a number of other similar projects which are underway as demonstrations. Also demonstrations are being conducted by the Social and Rehabilitation Service; and as we have indicated, the Department is in the process of taking the actions aimed at learning more about the problem such as the national evaluation of child abuse programs to determine the most effective means of dealing with the problems at the local level. Once the evaluation is completed and the program models designed, demonstration programs will be tested in various local communities in the country.

Second, we want to examine the feasibility of the clearinghouse idea, in order to get data at the Federal level so that we can better answer the questions you have raised about characteristics and incidents of child abuse and neglect. And finally SRS will support efforts to identify the warning signs of family dysfunction to the extent that possibly can be done before extensive abuse takes place and to test methods of providing services aimed at preventing such incidents. We estimate that all Department of Health, Education, and Welfare agencies will spend approximately $1½ million in research and demonstration efforts in fiscal year 1974.

I think I have touched briefly on our position on your bill, Mr. Chairman, S. 1191. We very much support the concept of identifying the problem and fousing national attention on it; but we do not think further legislatiive mechanisms are necessary in order to accomplish the purpose of the bill.

As I have indicated, the Department has given the Office of Child Development a mandate which will encompass these purposes that I have described. We fully agree with the chairman of the subcommittee that additional efforts on behalf of both children and families must be undertaken, and it is precisely because of our concern with problems like this that the Department has created, within the last week, the Office of the Assistant Secretary for Human Development. In this office the needs of the most vulnerable groups in our population, including children, will be addressed and Federal efforts on their behalf will be coordinated for maximum effect.

As we pointed out, the Office of Child Development will be within the Office of the Assistant Secretary for Human Development and will undertake a thorough analysis of all aspects of the problem of child abuse and neglect.

We think that the other HEW agencies necessarily have an important role to play in this, under the leadership and coordinating role of the Office of Child Development. We hope that through this kind of focusing of attention that there will be a greater alertness to the problem and a greater definition of the Federal, State, and local government roles in dealing with the problem, including the adequacy of existing child abuse reporting laws and the adequacy and appropriateness of existing research and demonstration efforts.

Thank you very much, Mr. Chairman.

Senator MONDALE. Thank you, Mr. Kurzman, and thank you very much for summarizing.

[The prepared statement of Stephen Kurzman follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

STATEMENT OF

STEPHEN KURZMAN

ASSISTANT SECRETARY FOR LEGISLATION

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND YOUTH

COMMITTEE ON LABOR AND PUBLIC WELFARE

UNITED STATES SENATE

Tuesday, March 27, 1973

March 27, 1973

TESTIMONY ON CHILD ABUSE

I appreciate this opportunity to appear before you today to discuss child abuse. The Department of Health, Education, and Welfare shares with the Subcommittee an urgent desire to find the means with which to bring an end to these tragic events in the lives of children and their families. We are deeply involved, and have been for some time, with seeking answers to this difficult problem. However, the actual provision of needed services to children and families suffering fro[illegible]is problem is a role which we believe is appropriately performed by [illegible]ate[illegible] and localities.

A. Overview of the Problem of Child Abuse

Child abuse is a very complex phenomenon. The concept of abuse is subject to varying interpretations, ranging from serious, intentional, physical damage of the child by the parent to parental inability to provide basic care and protection for the child. This confusion is reflected in the definitions of child abuse which appear in the statutes which have been enacted in all 50 States, the District of Columbia, Guam and the Virgin Islands. As a consequence, there is substantial difficulty in obtaining meaningful statistics on the incidence of abuse.

The problem is further complicated by the serious legal issues raised by State intervention in the parent-child relationship, including the weight to be given the rights of children as opposed to the rights of parents, due process, and privacy. Legal protection of citizens who report suspected cases of child abuse is a difficult problem as well; we know that many cases go unreported because the potential complainant fears a law suit if abuse is not proven.

The causes of child abuse are complex and require a complex response. Every case of child abuse involves three factors: a vulnerable child, a potentially abusing parent or parent substitute, and a stress situation which triggers the abuse. To deal with only one factor in the situation may alleviate a particular crisis, but it often does not eliminate the danger that even more serious action may not occur at a later date. To deal with only the child and his physical or mental symptoms is to face only a part of the problem, since abuse does not occur in a vacuum--the child is an integral part of a family whose adult member or members need help in coping with emotional or environmental stresses.

Our efforts to deal with child abuse must build upon the family as a first line of defense if we wish to help children. We must intensify our efforts to strengthen family life in order to provide parents, parent surrogates, or child care givers with the necessary support to nurture children in their care. Efforts such as the Department's Education for Parenthood program, Parent and Child Centers, Maternal and Child Health Services and Child Welfare programs, all strive to strengthen the family as a child nurturing unit. And, indeed, there are a number of other programs administered by other Departments, such as the nutrition programs of the Department of Agriculture and the Manpower program of the Department of Labor which are also designed to strengthen the family, to make it more self-sufficient and to reduce the potentiality of abuse and neglect of children.

And, finally, we must not lose sight of the importance of providing treatment to the child abuser so that a child can remain with his family even though that child may have been abused or neglected. This is an important principle which should not be overlooked.

B. The Federal Role in Dealing with Child Abuse

I would now like to speak briefly about the Federal role in child abuse and its relationship to State and local activity. I will also describe briefly the various DHEW programs, that impact on the problem of child abuse, their authorities and funding levels.

Basically, the Federal Government aids States and localities in carrying out their responsibility for the protection of children. We do this through activities such as the development of a uniform reporting law, through the conduct of research and demonstrations which identify various approaches to assist children, through grants to States for services such as provision of food,clothing and shelter when necessary and health services, which are targeted primarily to the economically disadvantaged,and through the provision of technical assistance and consultation.

The protection of children is largely a State responsibility, carried out through a variety of statutory provisions, including those of the criminal law, juvenile court acts, protective services legislation, and specific child abuse reporting laws. The vast network of State and local institutions such as schools, hospitals, law enforcement agencies, social service agencies, and a wide range of private agencies expend substantial sums of money in a wide array of programs.

This network in itself is a system which often represents a continuum of actions such as discovery that a child has been abused, the meeting of health needs, placement, and other remedial programs. It is appropriate in our society that these actions are often dealt with by different units in the community. Many of these programs are carried out through agencies which have paralled Federal counterparts, such as health and welfare agencies, and child service organizations. The Federal agencies relate to the programs conducted at the State and local levels, offering a wide range of assistance subject to policies and guidelines.

The bulk of the Federal funds which the DHEW has been providing to States and localities to assist them is in the form of funds for services under both Title IV-A and IV-B of the Social Security Act. In the period of FY 1971-74, we estimate that $224,362,000 of Title IV-A funds will be expended on protective services such as the immediate intervention and support necessary to prevent continued abuse or neglect of children, and $655,000 will be spent on research and demonstration related to child abuse; in fact, two of the three services mandated by this law and the proposed revision of the social services regulations relate to child abuse.

These are protective services and foster care. Title IV-B will have funded $[illegible]543,000 in abuse related child welfare services during the same period. The Office of Child Development, through its research and demonstration grants will have funded $3,190,674 of support in this period. Maternal and Child Health Services, under authority of Title V of the Social Security Act, will have spent another $76,032 in this period. The NIMH will have expended an estimated $829,534 in FY 1971-74 from Public Health Service Act funds. The total of these expenditures is $231,656,240.

C. Three Major Elements of the Child Abuse Problem

1. Identification of Abused and Neglected Children

Essentially there are three major aspects of child abuse and neglect which must be addressed. These are the identification of children who have been abused and neglected, including the prevention of abuse and neglect, what should be done once we have identified an instance of abuse or neglect, and what is known and what more needs to be known in order to have more effective child abuse and neglect programs.

I would like to speak to the first aspect regarding child abuse. The protection of children has tended to be largely a State responsibility. A key aspect of our concern relates to identifying the abused child and the reporting of such incidents. There are substantial differences in the reporting laws from State to State. Abuse is defined in various ways although the definition always includes physical injury of a non-accidential nature. There are significant inconsistencies with respect to such aspects as the upper age limit used by the State in defining the age of the child coming within the protection of the report in law, whether reporting is mandatory or permissive for those persons cited in the law, the issue of immunity for those who report cases of abuse.

In addition, the State reporting laws vary as to who must report and to whom one must report. In most States, physicians and other hospital personnel are required to report instances of child abuse which came to their attention, as are law enforcement officials. Other States required reporting by teachers, dentists, and a long list of other personnel including "any other persons" who may have reason or cause to suspect abuse, or in some instances neglect.

It should be noted that the Department, through the Children's Bureau provided both the leadership and the impetus for the development of a model child abuse reporting law in the early 1960's. This led to the adoption of child abuse reporting laws in each state, the District of Columbia, Guam and the Virgin Islands by the latter part of the decade.

Nevertheless, experience with the various State reporting laws indicate the necessity for revision and the Department will take under consideration the revision of such laws in cooperation with State, local, voluntary agencies and professional associations. We also require a far more adequate picture of the incidence and characteristics of child abuse then we now have. We will examine the feasibility of a National Clearinghouse on Child Abuse and Neglect for the systematic gathering of data which would assist in the analysis of trends having policy and program implications. This will be of help in the development of programs and the allocation of resources.

Another example of DHEW activity is the support provided by the National Institute of Mental Health of a conference on child abuse which will occur in June 1973. One of the major items on the conference agenda is an attempt to define the problems of identification, including the legal, social and medical aspects.

In considering child abuse reporting laws we must keep in mind that a consistent, uniform, child abuse reporting law does not exist at the present time. However, a child abuse reporting law is not an end in itself. It is a beginning, an instrument that assists in the identification of children who have been abused and, if used with sensitivity and intelligence, an instrument to prevent the abuse of children. It is a case finding technique affording the opportunity for appropriate intervention, at worst after the fact, and hopefully before serious abuse and neglect has occurred.

Seen in this way, child abuse reporting laws are useful tools for all those professionals and other persons, who have reasonable cause to suspect child abuse. This includes school systems, hospitals, mental health clinics, police departments, public welfare departments, voluntary agencies, private physicians and other health providers.

In considering the appropriate role of Federal and State governments in the identification of abused and neglected children, it is the primary responsibility of the States and local governments to identify the abused child and his family. The federal role is one which provides assistance to states in establishing mechanism for the identification of the abused child.

All State public welfare departments are mandated to provide child welfare services and are supported through funds received through Titles IV-A and IV-B of the Social Security Act. Some of these funds are used for the identification and treatment of abused and neglected children including the implementation and administration of State child abuse reporting mechanisms.

Funds from these sources are also used to provide foster family services for children, adoptive services, and a wide range of other social service activities. These programs provide services to children who are brought to them for screening and treatment.

Furthermore there are state and local systems that are available for the identification of abused or potentially abused children. Such institutions as the schools, hospitals, public and voluntary welfare agencies, private physicians and other health care providers, the police, and the public at large are all potential case finders. What we now require is the fullest impelmentation of the existing reporting laws.

One example of an exemplary state program supported in part by Title IV-A funds administered by the Social and Rehabilitation Service is currently taking place in Florida. A state-wide reporting network was established in Florida by the Department of Health and Rehabilitative Services. This network has a 24 hour toll free WATS hotline which connects any phone in the state with the central Department of Health and Rehabilitative Services. After the report is taken in the central office, the appropriate regional office investigates the allegation of abuse. If the suspected case of abuse is substantiated, the case is followed up by the suitable service agencies to provide assistance and to avoid legal action.

The Florida system is supported by an extensive pulic education campaign utilizing TV, radio, newspaper, and billboard advertisements. The space in these media are provided as a public service. All telephone directories list the "hot line" number among their emergency telephone listings along with police and fire company numbers.

The number of reported cases of child abuse is dramatic, increasing from 17 for the period September 1970 to September 1971 to 19,000 for the period September 1971 to August 1972 and to 11,500 for the next six month period September 1972 through March 3, 1973.

While calling this effort to the attention of the Sub-Committee, I also wish to mention that approximately 9,500 of the first 15,000 calls from September 1971 to August 1972 proved to be invalid.

This fact does not detract from the validity of the 5,500 substantiated cases of child abuse and the startling increase in valid cases of child abuse. The estimated number of children below the age of 16, the upper age limit used by Florida in defining the child coming within the protection of the report law, is approximately 1.5 million.

2. Services to the Abused Child

The existence of reporting laws and their effective implementation is the beginning of a complex process. Once found, the abused child and his family must be treated. Often times, a child must be separated from his home in order to protect him from further danger.

The Department, through the administration of Titles IV-A and IV-B of the Social Security Act, provides funds for child protective services in each State. This includes helping the neglected, abused, or exploited child; helping parents recognize the causes of such situations and strengthening parental ability to provide proper care; or if this is not possible, bringing the situation to the attention of appropriate legal authorities.

These services are required, by law, and also by regulations issued by the Department mandating the States to provide that "as a minimum, there will be child welfare services to children in their own homes and the provision of foster care of children." This requirement includes services for the abused and neglected child.

The Maternal and Child Health Service is the Federal agency responsible for the administration of funds for maternal and child health and crippled children's services authorized by Title V of the Social Security Act. These programs and services are carried out at the State and local levels for purposes of promoting the health of mothers and children and for locating, providing treatment and care for children who are crippled or who are suffering from crippling conditions. A few examples of Maternal and Child Health Service programs which help the abused child and his family are as follows:

(a) The Children and Youth Hill Health Center in New Haven, Connecticut refers all suspected cases of suspected physical and sexual abuse and neglect to the Yale-New Haven Hospital which has established a committee known as DART (Diagnosis, Appraisal, Reporting, Treatment).

The committee members include a pediatrician, child psychiatrist, E. R. nurse, and a social worker specifically assigned to the hospital child abuse program. The purpose of DART is to assist physicians in investigating suspected cases of abuse, in reporting, and intervening in the child's behalf.

(b) The Children's Memorial Hospital in Chicago (back-up hospital for the near north side Children and Youth Hospital) has developed a similar team. Its regular members are a pediatrician, three hospital social workers, two staff nurses, and Director of Occupational Therapy. In selected cases voluntary legal consultants from a Chicago law firm, attend the committee meetings. They are available to help guide the committee members and any staff involved in the cases through many of the legal issues and on occasion help prepare and present cases in Juvenile Court.

Through these programs suspected cases of child abuse and neglect are identified and treated at the local level. However, the Maternal and Child Health Service staff also provide information and consultation about ways of organizing and delivering services including case finding and the promotion of interagency cooperation.

The National Institute of Mental Health conducts research, provides training, and disseminates materials relating to child abuse. In October 1972 NIMH published a bibliography entitled "Selected References on the Abused and Battered Child." NIMH also provides technical assistance and consultation to affiliated programs.

It should also be recognized that much activity in the field of child abuse and neglect is supported solely from state, local, and voluntary funding sources. Hospitals with large pediatric services and children's hospitals across the country are establishing child abuse teams and procedures for helping children and their parents. Activities of these health settings have extended beyond the direct provision of services and include sponsorship and participation with community agencies, professional and other organizations in workshops and seminars about child abuse problems.

3. What is Known and What Needs to be Known

The Department has an important role in the area of research and demonstration. While recognizing the limitations of the knowledge currently available with regard to child abuse and neglect, we have enough information to provide us with guides to further research and demonstration activity.

The Office of Child Development, for example, is currently funding two Emergency Service projects that are testing the feasibility of 24-hour services to dependent and neglected children, including the abused child. The importance of immediate services to the abused child and his family is readily apparent in terms of the physical well being of the child. However, we have not always recognized the damage done to a child, even an abused child, when we remove him from his home precipitously. There is little knowledge on how to go about offering services to abused children that are designed to keep them in their own homes and prevent separation. The current projects will provide valuable information in how to treat an abused child within his family unit.

Another research project the Office of Child Development is currently supporting is taking place in a hospital. All cases of suspected child abuse are reviewed by an interdisciplinary team and if abuse is confirmed, appropriate services are provided to the child and the family including counselling, homemaker services, assistance with housing or health needs, etc. Although the emphasis is on sustaining the family as a unit, the child is removed if he is in jeopardy and appropriate legal actions are initiated when necessary. Within this program, OCD is also supporting research efforts that will increase our understanding of what causes child abuse in some family situations and not in others.

The information gained from this research will assist in the development and testing of different approaches designed to both prevent and treat the problems of child abuse and neglect.

Additional research and demonstration activity supported by OCD include the use of a day care center as a means of providing help both to abused children and their families and the use of formerly abusing parents as staff members in the treatment of currently abusing parents. OCD is also funding a study outlining the intellectual and physical development of abused and neglected children.

The Social and Rehabilitation Service is funding a project that operates a protective services center offering a broad range of services to families who have abused their children. Many of these families, prior to receiving assistance, exhibited multiple problems which required help from a variety of sources. The services provided include day care, foster care, emergency shelter care, homemaking, group therapy, educational therapy, pediatric and financial guidance. Each family working with the center was identified as being abusive parents and each family received a variety of services tailored to meet its needs. Preliminary findings so far indicate that every one of the families involved in the project benefited - the problems of child abuse were either totally ameliorated or substantially lessened so that there were no further incidences of abuse.

We can also encourage the utilization and implementation of what we now know. In this regard, as I indicated earlier, the National Institute of Mental Health is supporting a major multi-disciplinary conference in this area this Spring. It will bring together authorities in the field. Major issues will be (1) identification of the problem, (2) prevention, (3) rehabilitation, (4) education, and (5) research.

In addition, the Department is in the process of taking the following actions aimed at learning more about child abuse:

(a) A national evaluation of child abuse programs will be supported by OCD to determine the most effective means of dealing with the problems of child abuse at the local level. Once the evaluation is completed and program models designed, demonstration programs will be tested in various local communities in the country.

(b) An examination of the feasibility of a National Clearinghouse on Child Abuse and Neglect will be supported by OCD. This activity will systematically gather data on the nature, characteristics, and incidence of child abuse and neglect. This project will collect information on sources of reporting, action taken by receiving agencies, and to disseminate reports and analyses with respect to trends and national status of the problem.

(c) SRS will support efforts to identify the warning signs of family dysfunction before incidents of abuse take place and to test methods of providing services aimed at preventing such incidents. This effort will include program models to be used at the State level.

We estimate that all DHEW agencies will spend $1.5 million in research and demonstration efforts in FY 1974.

D. The Department's Position on S. 1191, the Proposed Child Abuse Act

The Department believes that additional legislation is unnecessary to carry out the Federal role of assisting States and local communities in coping with child abuse. A review of the provisions of S. 1191 in the context of the description I have just given of the programs of the Department in support of service programs and research should make it apparent that much of what the bill proposes has already been done or is planned for the near future. Let me briefly summarize the provisions of the bill to demonstrate this point.

First, the bill would direct the Secretary of DHEW to establish a National Center of Child Abuse and Neglect to serve as the focal point for dissemination of research results on child abuse and neglect. The Center is also directed to establish and maintain an information clearinghouse on child abuse programs, and to compile and publish training materials for persons working in or planning to enter the field. These activities are already being performed within HEW. Various agencies have produced and disseminated, and will continue to do so, training materials in this area.

Social and Rehabilitation Service has published materials on such subjects as "Juvenile Court Statistics, 1971, 1970, 1969," "Child Welfare Statistics, 1969", "Growing Up Poor", "Spotlight on Child Abuse". The Children's Bureau of OCD has published "The Abused Child" and MCHS in its publication "Promoting the Health of Mothers and Children" deals with child abuse in that publication. The NIMH also has a more extensive bibliography, with resumes, available through the NIMH Communications Center. As this brief review indicates, legislative authority is not needed to carry out the activities which the bill would assign to the proposed National Center.

Second, the bill establishes a program of grants and contracts for demonstration programs designed to prevent, identify, and treat child abuse and neglect. As my earlier testimony indicates, the Department already expends substantial amounts in grants and contracts for the purposes outlined. In FY 1971, for example, the Department funded grants and contracts in the amount of $731,810; in FY 1972, grants and contracts for this purpose amounted to $1,073,505, in FY 1973,the estimated expenditure for such grants and contracts will be $1,349,156, with the possibility of additional grants yet to be made; and in FY 1974, the estimated expenditure figure is $1,585,919, with a similar likelihood of additional grants. Each of these years show an increase in the amounts which the Department is allocating to child abuse and neglect, in recognition of our concern with the problem. Again, we see no reason for additional legislative authority for this purpose.

The bill would also establish a National Commission on Child Abuse and Neglect, appointed by the President, to study and investigate the effectiveness of existing reporting laws and the proper role of the Federal Government in assisting State and local public and private efforts to cope with child abuse and neglect. The establishment of another organizational unit to carry out functions which are already within the scope of authority of the Department does not, in our opinion, serve a useful purpose. As I have pointed out above, child abuse is a multifacted problem. The several component agencies of DHEW perform different functions related to child abuse, and the Office of Child Development is to serve as a coordinating mechanism within the Department with respect to these kinds of problems. We look to OCD to bring together the varied approaches of the component agencies to the solution of the child abuse problem. We believe that this approach is preferable to the establishment of a Commission charged with authority to function in a very limited area of the total complex of problems. In the experience of the Department, the establishment of a new categorical program, rather than working toward solution, in fact works against the development of successful means of dealing with such problems.

Finally, the bill would amend Section 422 (a) (1) of the Social Security Act to make mandatory the inclusion in State plans for child welfare services of a special program on child abuse.

The Plan would have to include procedures for discovering, preventing, and treating child abuse and neglect, and for enforcing all State and Local laws dealing with child abuse. The State agency would be responsible for reporting to the Secretary and to the public on the effectiveness of State child abuse laws, and steps taken to improve their effectiveness. The Plan would also have to provide for cooperative arrangements between State health, education and other appropriate agencies to assure reporting of all instances of child abuse and to assure that proper follow-up steps are taken. In the experience of the Department, the establishment of new categorical programs, rather than working toward solutions, in fact works against the development of successful means of dealing with our problem. The singling out of one part of a complex as a basis for dealing with the problem is not an approach which the Department favors. In terms of the whole range of activities which could be targeted on the child abuse complex, it is difficult to see why emphasis is placed on this fragmentary effort.

For these reasons, the Department does not favor enactment of S. 1191.

E. Summary

However, the Department recognizes that additional efforts on behalf of children and families must be undertaken. It is precisely because of our concern with such problems as child abuse that the Department has created the Office of the Assistant Secretary for Human Development. It is through this office that the needs of the most vulnerable groups in our population, including children, will be addressed, and Federal efforts on their behalf will be coordinated for maximum effect. In accordance with these purposes, the Office of Child Development, within the Office of the Assistant Secretary for Human Development will undertake a thorough analysis of all aspects of the problem of child abuse and neglect.

The analysis will deal with factors such as the roles of Federal, State, and local government in dealing with child abuse, the adequacy of existing child abuse reporting laws, and the adequacy and appropriateness of existing research and demonstration efforts.

Thank you.

Senator MONDALE. Our next witness is Congressman Biaggi, who we are very pleased to have with us this morning. He has been very active in this field in New York City and has recently introduced a measure to deal with child abuse at the Federal level. We are very pleased to have you with us this morning, Congressman.

STATEMENT OF HON. MARIO BIAGGI, A U.S. REPRESENTATIVE FROM THE STATE OF NEW YORK

Mr. BIAGGI. Thank you very much, Senator.

I would like to extend my thanks for your courtesy and consideration and also commend you for the introduction of this critically needed legislation.

Before I read my statement, I would like to preface it with a comment that we are talking in terms of a malady much like any other sickness that plagues our children, only this is one that has caused more deaths than any other disease known to man, as far as children are concerned, and yet the Government has failed to respond with adequate attention.

To a large extent we have received only lip service and token recognition of the problem. I have been involved with child abuse prevention since my first term in Congress, and I am delighted at your participation, and at the thrust of your bill.

We are certainly not wedded to any one solution. We are wedded only to the notion that we must provide a solution.

Senator MONDALE. You have been interested in this field of child abuse on the House side, one of the first to demonstrate an interest, and have been active in your own community of New York. Is it your impression that the Federal Government has made an adequate effort in this field?

Mr. BIAGGI. Not at all. As a matter of fact, the Federal Government has given, if anything, only token recognition of the problem, not any direct, comprehensive effort to resolve it. Unless you deal with child abuse in a comprehensive fashion, you are not going to deal adequately with the roots and causes.

If you will, Mr. Chairman, I would like to read the statement for the record.

Senator MONDALE. If you will proceed.

Mr. BIAGGI. I have expressed my appreciation to you and to the members of this distinguished committee for the opportunity to testify in support of S. 1191 on child abuse. The plight of neglected and abused children has, for too long, been hidden from public view.

My own interest in this issue dates back to my first term in Congress when I introduced legislation aimed at reducing the ever-increasing incidence of child maltreatment. The National Child Abuse Prevention Act which I have sponsored this session shares many of the goals which appear to underlie the measure we are discussing here today.

My own home city of New York serves as an excellent example of how acute the child abuse crisis has become. The research of Dr. Vincent Fontana, chairman of the city's task force on child abuse and neglect, indicates that at least 50 children perish in New York City each year as a result of maltreatment ranging from starvation to suffocation with paper bags. Over 10,000 cases of abuse were reported last year, and that figure, of course, represents only a partial view of the total picture.

The nationwide rate of incidence is no less discouraging. Tens of thousands of innocent children in this country are willfully burned, beaten, or killed each year by parents and guardians entrusted with their care. Seven to eight hundred of these victims die each year as a result of such maltreatment—a rate of more than two deaths per day. In fact, more children die each year at the hands of abusing and neglectful parents than from any childhood disease known to man.

And what defense does the child have against brutal, senseless abuse? Do we offer him easy access to relief in the courts? Do we conduct programs of widespread public education designed to prevent the relentless spread of this scandalous practice? Do we at least devise an adequate, coordinated system of reporting and treatment procedures timed at restoring the battered child to physical, if not psychological health? If the answer to any of these questions were yes, abuse and neglect might not be the No. 1 killer of children in America today.

Mr. Chairman, there is not one State in the Union which can claim to have established a successful, comprehensive program of casefinding, treatment, training, information referral and prevention in the child abuse field. And there are several States whose basic reporting laws must be termed pitifully inadequate and virtually unenforced. A further example of the current inadequacy of State programs is the widespread estimate among experts in the field that one out of every two battered children dies after being returned to his parents.

The problem, then, is perfectly clear cut: annually, countless thousands of defenseless children are being beaten or killed with cruel regularity, while no lobby walks the halls of Congress in their interest, while no coordinated body of statutes exists on the State level to assure equal protection, and while not one mention of the words "child abuse" or "neglect" is to be found in the entire corpus of Federal Law.

Mr. Chairman, I wholeheartedly support the provisions of S. 1191, particularly section III which establishes a domonstration program for the prevention, identification, and treatment of abuse and neglect.

This bill and the measure I have introduced on the House side share a number of common objectives, such as (1) Federal funding to the States for treatment andd specialized training; (2) establishment of centralized data collection services on the State and National levels; and most significantly, (3) provisions requiring comprehensive State plans for child abuse treatment and prevention.

Mr. Chairman, I am convinced that cooperation among experts in the field and concerned Members of Congress could result this session in passage of significant child abuse legislation. It is time we pooled our resources in an all-out effort to begin cooordinating the first nationwide attack against the root causes of the child abuse scandal. It is time we provided the defenseless youth of this country with the most basic protection against senseless violence and death.

Mr. Chairman, thank you once again for the opportunity to express my support for S. 1191. I look forward to a spirit of cooperation on the main goal we hold in common—the treatment and prevention of child abuse and neglect throughout this country.

Thank you.

Senator **Mondale**. Thank you very much, Congressman, for a very strong statement and for your continued interest and early leadership in this field and for the legislation that you have introduced.

When we mark up this measure, maybe we can combine the two and come out with a unified comprehensive approach. We apppreciate very much your appearance here and the contribution that you have made.

Thank you very much.

Mr. **Biaggi**. If you will indulge me, unfortunately time is limited, and I have additional remarks which I would like to submit for the record, with your permission.

Senator **Mondale**. We would very much appreciate that, and we will include it in the record. As you know, the abuse is nauseating.

Mr. **Biaggi**. Frankly it is a national disgrace.

Senator **Mondale**. It is sometimes painful to even listen to it. But in order to get the kind of action I think we need, I believe we must explore the facts, any data along the lines you have we very much appreciate, and we will include it in the record.

Mr. **Biaggi**. Thank you, Mr. Chairman.

[Supplemental information supplied by Representative Biaggi follows:]

I would like to submit the following comparison of H.R. 5914 and S. 1191 as a supplement to my statement before the Committee. I do this in the hope that the best features of both bills will ultimately be combined to form the most effective child abuse prevention legislation possible at this time.

COMPARISON OF H.R. 5914 (NATIONAL CHILD ABUSE PREVENTION ACT OF 1973)
AND S. 1191 (CHILD ABUSE PREVENT ACT)

	H.R. 5914 (Biaggi)	S. 1191 (Mondale)
Title	National Child Abuse Prevention Act of 1973-Amendment to the Elementary and Secondary Education Act of 1965	Child Abuse Prevention Act
Purpose	Authorizes the Secretary of HEW to make grants to State agencies for the purpose of developing and carrying out child abuse and neglect treatment and prevention programs.	Authorizes the Secretary of HEW to establish a "National Center on Child Abuse and Neglect"; to public and non-profit organizations for demonstration programs to prevent, identify, and treat child abuse; to establish a National Commission on Child Abuse; and to amend the Social Security Act to include provisions for a special child abuse program of establishing procedures for the prevention, discovery and treatment of child abuse, reporting of information on the subject to the Secretary and cooperation with state health authorities.

<table>
<tr><th>H.R. 5914 (Biaggi)</th><th>S. 1191 (Mondale)</th></tr>
<tr><td colspan="2">Authorization of Appropriations</td></tr>
<tr><td>$20,000,000 for fiscal year beginning July 1, 1973 and $20,000,000 for each of the two succeeding years.</td><td>$10,000,000 for the fiscal year ending June 30, 1973 and $20,000,000 for each of the succeeding four fiscal years.</td></tr>
<tr><td colspan="2">Allocation of Funds</td></tr>
<tr><td>The Secretary may allocate the sums made available to the states on the basis of their respective need for assistance in preventing and dealing with child abuse and their respective ability to utilize such assistance effectively according to the requirements as set forth in Sec. 1004 of the bill.</td><td>The Secretary is authorized to make grants for demonstration programs which: (1) develop and establish training programs for professional and paraprofessinal personnel in the fields of medicine, law and social work. (2) furnish the services of trained teams on a consulting basis to small communities where services are not available and (3) for innovative projects that show promise successfully handling the problem of child abuse.</td></tr>
<tr><td colspan="2">State Requirements to Qualify for Assistance</td></tr>
<tr><td>In order to qualify for assistance the state must have in effect a child abuse prevention plan which: (1) Has or has initiated a legislative program with adequate state or local child abuse and related laws which are being or will be effectively enforced. (2) Provide for the reporting of instances of child abuse and effective mechanisms for follow-up action. (3) Have effective adminis-</td><td>Amends Sec. 422 (a)(1) of the Social Security Act to require states to establish procedures to determine methods for the prevention, remedying and treatment of the problem of child abuse and neglect.</td></tr>
</table>

H.R. 5914 (Biaggi)	S. 1191 (Mondale)
trative Procedures, trained personnel and training procedures, institutional and other facilities. (4) provide the Secretary with reports containing information about child abuse programs in the state. (5) Provide for the dissemination of information to the general public on facilities and methods available to combat child abuse.	

Senator MONDALE. Thank you very much.

Our next panel consists of Dr. Annette Heiser and other members of the Child Abuse Team of the District of Columbia Children's Hospital, Washington, D.C.

STATEMENT OF ANNETTE HEISER, M.D.; ROBERT H. PARROTT, M.D.; TY CULLEN, M.S.W., A.C.S.W.; NAN HUHN, LL.B.; CAROLE KAUFFMAN, R.N.; M.P.H.; STEPHEN LUDWIG, M.D.; HELEN MITCHELL, M.D.; AND BELINDA STRAIGHT, M.D., A PANEL

Dr. HEISER. We would like to tell you how we expect to testify. Dr. Parrott will give a brief history of our team. I will go through the system that a child enters when he is identified as a battered child at Children's Hospital, and point out some of the needs as we see them. Then I will show some slides of actual cases that we have had to point out the needs. Dr. Mitchell will make recommendations and talk about your bill.

Dr. Parrott will now give the history.

Dr. PARROTT. Mr. Chairman, I am Robert H. Parrott, director of Children's Hospital, and chairman of Child Health and Development, George Washington University Medical Center.

We are here basically to testify that much more needs to be done by the Federal Government in regard to the problem of child abuse. Thus we support the general intent and objectives of S. 1191 and in addition we have some ideas which we hope will lead to revisions to strengthen the bill.

As a background, Children's Hospital has been aware of the problem of child abuse from the medical diagnostic point of view since 1962 or 1963, when Dr. Henry Kempe first described it as the "battered child syndrome." There are articles in our own hospital journal in 1963, 1964, and 1967.

In 1964 the hospital joined with a professional association of social workers and with the District of Columbia Medical Society to foster the District law on reporting of the bill. I would like for historical perspective to quote a few things.

One is from one of the early articles in Children's Hospital's journal by an administrator of the hospital at the time.

"What we need," he said, "is a well organized team approach, with cooperation among physicians, social workers, administrators, and the police department." At that time a particular procedure was set out for handling the problem, once a child was identified as probably a battered child.

At the time we were supporting the bill which became law for the District, it was pointed out that we felt that this law was a first major step in a program to reduce the incidence of child abuse, but that it was only a first step in a total program that was indicated for the entire metropolitan area.

Also that it was our intent that "any law would be intended primarily to effect protective and counseling services for children and families of children who are apparent subjects of physical abuse or neglect." And again "there should be cooperation between District agencies and agencies in adjacent States to support a central registry for this metropolitan area," and further that "all the agencies concerned be given appropriate support to provide adequate counseling and protective services and preserve family integrity wherever possible."

But the more that we looked into the problem, the more we made the diagnosis, the more we truly realized that indeed only the first step had been taken with enactment of this law to report.

The more we reported cases, the more we were frustrated with what happened or in fact did not happen. There was insufficient interest or priority or, in particular, insufficient support for the action required of our effort, of the efforts of the welfare department, the courts, and public health workers. And, incidentally, with reference to the earlier testimony, I think if indeed $231 million was made available in the country for facing the problem of child abuse, very, very little of it got through to the District of Columbia.

Senator MONDALE. Let's stop there, because we had a full day's testimony yesterday from people who are active in this field. I asked each of them what the Federal Government was doing, whether they had contacted the Government, and in every instance they said nothing was going on. That is your testimony today, not nothing, but totally inadequate.

Dr. PARROTT. Very little effective at the level of operation.

Senator MONDALE. Very little. Yet we had testimony today about hundreds of millions of dollars being spent. I believe, and my question sought to bring that out, I believe they are talking about money that is being spent in generalized child support and child care. They are not talking about a focused program to deal with child abuse.

Am I correct in your opinion on that?

Dr. PARROTT. That would be my opinion. For example, in the District of Columbia one of the programs that was available through protective services that allowed focusing with us on the problem of child abuse is being abolished. I am not sure whether it is being abolished because of a reorganization plan in the District or lack of funding for it, but either way it is creating a greater vacuum in the problem of handling children who are abused.

Senator MONDALE. Now does the Office of Child Development or some other Federal agency consult with you to get your data and information on your program?

Dr. PARROTT. I think we have not been contacted.

Senator MONDALE. This strikes me as peculiar. We have a series of official recommendations, based on no information at all as far as I can tell. There is no present effort in the Federal Government to even find out what is going on at the local level. Would you agree with that?

Dr. PARROTT. Yes, sir. I can say there are people in the Office of Child Development and people in the many other institutes who probably cannot when they are testifying with the administration say what they feel about it either. We have talked with individuals in some of these offices who feel as we do about the problem.

Senator MONDALE. The most significant thing is we asked them to tell us about how many people in the Federal Government were working full time on child abuse, and I think the answer is there is not a single person in the Federal Government working full time on child abuse, not one. That hardly strikes me as an adequate response to this outrageous abuse of children this country.

Dr. PARROTT. We agree with you.

Senator MONDALE. Proceed.

Dr. PARROTT. In our own institutional history, in fact, this frustration that I refer to has grown as we have dealt with children. It has reached deeply into the staff to a point where a few years ago a group of members of the house staff and social work department and nursing department came to me with demands simply saying, "Do something about this." I had to say, "No, we cannot afford it, we cannot get support to do anything further." I said to the group, "Help show us the way, you have our blessing." Senator, the team that is here today is the result of that challenge.

This is a team of doctors, social workers, nurses, and other volunteers who have met children who are battered or otherwise abused, and have tried to help them and have experienced the frustration of getting no answers or few answers. These, by the way, are individuals who are on the hospital staff, but most of their work on this problem has been as volunteers.

Some of the work is specifically related to the medical effort of the hospital, but a good deal of their effort is on their own time and a good deal of testimony that has been prepared here is because they feel the problems so deeply.

This volunteer effort is the key to the current situation at our institution. But I ask you, Mr. Chairman, to listen to them, because they are a group of people who experience the problem daily. They need support morally and fiscally and teams like this need to be duplicated around the United States.

Dr. HEISER. First, we will explain what happens to a child who is identified, and the system he enters at Children's Hospital of the District of Columbia.

We do not disagree with funds that are given to children that are not directly related to child abuse. We just wish more would be given that are directly related also. There are children who at birth are at risk of being abused, and there are different ways of identifying them: Immaturity, being born into a family where battering or abuse is already known, are some of the examples of a child at risk. So there could be some preventive measures taken so that the child would never become abused.

However, let us look at a child who is identified as an abused child. At Children's Hospital this identification takes place in the emergency room by the resident physician. They are educated as to what is an abused child and what to do about it. Every child that is identified as an abused child is admitted to the hospital, to remove him from the crisis situation that must have been going on at that moment. He is also placed on the trauma index—excuse me, this is the figure 1 in the written testimony if you wish to refer to it—trauma index is just a file that we keep in the emergency room of Children's Hospital of children who have had suspicious injuries or are known to be abused. Then, when there is admission to the hopsital, we try to take care of the child with a team approach.

Then we have to go back to the siblings. We will mention what is being done or not being done for the sibling of the child who is abused.

By the District of Columbia law we are obliged to report a case of child abuse to the Youth Division of the Police Department. If they concur with our diagnosis, they put a hold order on the child and within 24 hours there is a detention hearing, fact-finding hearing.

At that time the judge decides whether there is enough evidence to have a trial. If so, then it goes on to a trial and final disposition.

Backtracking a bit, if the Youth Division does not concur with our diagnosis of battered child, the child returns home. The possibility of following that child includes clinic visit, public health nurse visiting, and protective service followup which as we have already mentioned, we are no longer going to be able to rely on. At the time of the detention hearing the judge may say there is not enough evidence and the child returns home, and again the three or four things listed there are ways of following that child when he or she goes back home at the present time.

If it is decided to have a trial then the child is removed from the home and placed under custody of Social Rehabilitation Administration. Sometimes between the detention hearing and the actual trial, it may be a matter of 6 to 9 months.

In the meantime the child is placed in temporary placement, sometimes in foster homes, sometimes at St. Anne's Orphanage just outside of Washington, D.C., and sometimes stays at Children's Hospital for months and months. At the final disposition commitment to SRA is final, or the child may return home, termination of parental rights may occur, or the child is placed in a foster home with the case to be reviewed in 2 years.

This looks like a pretty nice system. But there are many things that fall apart, and we would like to get into some of those difficulties.

At birth when we think that a child—that there is high risk—what is there available for us to prevent abuse? For example, a heroin mother, is there a program which we can get her into to handle her feelings or problems? They are very scarce, these programs.

The siblings of an abused child, we have no way legally of examining the other children in the family, once we have identified one child, we cannot say, "Mother, bring in—" unless she voluntarily does it—"bring in the other children and let us examine them." The police cannot go to the home and take the children out.

We would like to have someway of being sure that the other children are safe.

Once the child is admitted at Children's, that is fine. We do a pretty good job of identifying battered children, but we know other emergency rooms in the District of Columbia are not identifying as many as they should. We see approximately 100 a year, and it is estimated there probably are about three times that many children being abused just in the District of Columbia. So we hope there would be better education of personnel in other emergency programs.

We have no way at the present time of checking officially with another emergency room or with the Police Department to see whether this child that we suspect of being battered, has ever been seen in another hospital or has been abused before. This comes to the central registry that we would like to have in the District of Columbia.

Admission to the hospital, the team approach. As it has been mentioned, the team members have other full-time jobs. There is no one full-time person on child abuse at Children's Hospital at the moment. We would like enough funds to hire one person that would be full time. We would be happy with that as a start.

The Youth Division, as I mentioned, sometimes do not agree with the doctor that this is an abused child, because they may go into a home and see that it is very clean and the parents are nice, but due to their lack of education and experience with child-abuse cases, they do not see that these are not the things that count. So sometimes we disagree.

This is becoming better as we have better communications with them. When the child returns home, as I have already mentioned, there is very little in the way of followup. If the parent wishes to come back to the clinic, they do, but often times we just lose that child forever until he comes back to the emergency room, either dead or injured in a worse way.

The public health nurses do a very good job of following the families; however, they are very overworked. They have cases numbering 50 to 100 families that they follow in the District. That is a lot to keep up with. Even if you had one abused family in that group, you are overworked in a way.

I will let Nan Huhn speak about the corporation council and the court system.

Ms. Huhn. My name is Nan Huhn, and I am assistant corporation counsel with the District of Columbia government. In other words in my job I in essence prosecute the cases that are brought by hospitals such as Children's and other hospitals in the Washington area.

I think it is important that we look at some of the problems that the court system has in dealing with these cases. Now, of course, there are two ways the case may be prosecuted. I want to, right at the beginning and outset, make clear what my office's role is.

I am not talking in any way of criminal prosecution at this point. This would be another point. I do not think this is what we are really concerned about today.

What we are talking about here is our office would go to court with a petition to remove a child that was thought to have been abused medically from a home situation. In other words, we initiate court action to protect the child. I would like to, Mr. Chairman, comment first of all on something that was stated earlier in the testimony by the assistant secretary.

He talked about identification and reporting as one important facet, and he talked about services. But it is my estimation that he really left out a very important facet, and that is the court system. Because once we identify and report, the services do not automatically follow, because they would only automatically follow if in essence everyone who has abused or battered their child decided to voluntarily get the help they need. That is not often, as I am sure many of the people sitting at the table with me will tell you, the case.

Senator Mondale. How sure are you even where they have been brought to court that proper and adequate services follow?

Ms. Huhn. Very unsure, Mr. Chairman.

Senator Mondale. Because we had a witness yesterday who had been on a family court judge, who said that she was so depressed over the absence of any services, even where guilt was found, that she would often warn the parents to get out of the courtroom. She said, "About all we could do for them was give them a criminal record, was the one thing we could do for them, and that there were very few services that followed." Would you say the same thing is often the case?

Ms. HUHN. I would say that is unfortunately true. I think many of the judges in our Superior Court in Washington that I have talked to about this problem would agree with you. To reiterate something Dr. Parrott said, and with the protective services possibly being abolished in the District of Columbia, our problem will be worse than it is right now, because the judge depends very heavily on referrals to a very select group of social workers who have experience in this area. I think this is very important.

Senator MONDALE. You say that is being abolished?

Ms. HUHN. It is possible We are not sure.

Senator MONDALE. Under IV–A?

Ms. HUHN. I believe, Mr. Chairman, if you look at the exhibit on the last page of the presentation, it will give you an excerpt from the Washington Post. I refer you to paragraph 5.

> "Addressing a meeting of social workers, Yeldell in answer to persistent questioning from a protective service worker, said the unit will not be a separate and specialized service under department reorganization."

Senator MONDALE. I see. This is really the question we are asking, whether there should be a special focus in service or just sort of blended in as part of overall child services, and apparently they are moving in the direction of the latter route here in the District.

Ms. HUHN. That is correct.

Senator MONDALE. Diminish the specialized focus.

Ms. HUHN. From what I can understand, that is correct. Did you wish me to continue?

Senator MONDALE. Yes.

Ms. HUHN. I think that what is important then though if the services are available, and of course the court itself cannot create the services, but the point is the court can help coerce the parents to get the services and most important of all, although services and rehabilitation are very necessary, but at least in the meantime the important factor is to take custody of that child and protect the child from further abuse at the hands of the people who have been abusing the child. The only people who can do that for any length of time without cooperation from the parents is court. The court action is necessary in a lot of instances.

I think that one thing that is important that Dr. Heiser mentioned, and that we have tried to fill in the gap in my office, for example would be the cooperation that is pointed out in Children's Hospital reporting to the Youth Division. We now have a system where we work closely with Children's Hospital which I think is a good system, and will probably work elsewhere. That is where a lawyer, the prosecuting attorney, the corporation council, whatever, acts as an intermediary with the police, whose language they understand, and with the doctors hopefully, whose language through education the lawyer will understand, to try to reconcile some problems that may exist between the two groups in terms of definition, et cetera.

I think though from a legal standpoint there are problems.

I have heard it said that the District of Columbia in the 1960's had a model law. It is certainly in my estimation far from model. For example, the District of Columbia Code in terms of its reporting statute reads as follows:

"Any physician in the District of Columbia having reasonable grounds to believe a child under 18 has serious physical injury by other than accidental means shall report."

But, Mr. Chairman, it does not say anything will happen if they do not report.

Senator MONDALE. And in fact it is pretty obvious that most child abuse is not reported at all.

Ms. HUHN. That is correct.

Senator MONDALE. For several reasons. The doctor is reluctant to embarrass the patient, public authorities are overwhelmed or may not properly identify it. Therefore, for a whole host of reasons, and parents when they know they have a problem, as we have heard yesterday, are afraid to come in for fear they are going to be indicted for a crime or for fear they will take the children away from them, and for many reasons these reporting statutes are largely a joke and we ought to see them as such.

Ms. HUHN. I think as they exist, that is true. I think one solution of course is for the government to put more pressure on the people who would report than the parents, put on them not to report. I think there has to be pressure brought to bear; because obviously this whole delightful system we have here cannot work if no one starts it into operation. It is a problem in this instance. I think the fact of immunity in and of itself for the doctors does not help enough.

Senator MONDALE. Is it not asking an awful lot—this is about the only crime, child abuse, where you are asking the criminals to come in and report themselves?

Ms. HUHN. I do not mean in terms of the parents reporting, Mr. Chairman. What I am referring to are doctors reporting. For example, our reporting on the District only talks about doctors in hospitals. It does not mention schools. It does not mention other public agencies.

It strictly refers to doctors and to the hospitals. It would be my contention that there is even in the area of doctors in hospitals some problem with reporting, but certainly in the area of schools, the people who see these children day in and day out, reporting is practically nonexistent. I think that of course it goes to the problem of lack of education, in this area, which I think, to sort of jump ahead, the bill certainly brings out, and that is a fact that I do not think you know how to identify child abuse until you are educated to identify it. I do not think we have enough of that certainly in our local area.

Senator STAFFORD. Mr. Chairman, the timeliness of these hearings I think is underscored by the deplorable headline in one of the sections of Washington's morning newspaper, and the story goes on to recount that the infant was pronounced dead on arrival at U.S. Naval Hospital in Quantico, Va. Doctors testified that she had been suffering from 14 broken bones, including a leg and a wrist and 10 broken ribs and her left elbow had been broken within the past 24 hours.

Senator MONDALE. I am glad you brought that to our attention. Practically every day as we have held these hearings there has been a story.

I think 2 days ago there was one in Maryland. And also an article by Coleman McCarthy was in the paper today.

Senator Stafford. Well, I will move that the news story referred to and the column on the editorial page of the same paper today be made a part of the record.

Senator Mondale. It will be done without objection.

[The information referred to follows:]

[From the Washington Post, Mar. 27, 1973]

Two Guilty in Death of Baby

COUPLE'S GIRL HAD MANY BROKEN BONES

A marine and his wife were convicted in federal court in Alexandria yesterday of gross negligence in the beating death of their 2-month-old daughter.

Keith A. Volk, 20, and Bonnie M. Volk, 19, of 11 Cannon Dr., Midway Island, Va., were sentenced by U.S. District Judge Albert V. Bryan Jr. to the maximum penalty under the state misdemeanor charge: one year in prison.

He also committed them to the custody of the Virginia attorney general to undergo psychiatric examination for a possible review of their sentences in three months.

The infant, Dawn Marie, was pronounced dead on arrival at the U.S. Naval Hospital at Quantico, Va., last Dec. 1. Doctors testified in the one-day trial that she had been suffering from 14 broken bones including a broken leg and wrist and 10 broken ribs. Her left elbow had been broken within the past 24 hours, according to medical testimony, while the other injuries had begun to heal.

Death, according to Dr. James Beyer, resulted from a combination of injuries that clearly indicated child abuse.

Taking the stand in his own defense, Volk, an enlisted man, said, "I don't know how it happened." Under questioning by Assistant U.S. Attorney Paul S. Trible he admitted he had on occasion struck his wife and once knocked a hole in the wall during outbursts of rage. "I have a bad temper when I lose it," he said.

His wife testified that the baby had begun crying shortly after the couple went to bed the night before the child was found dead and that her husband had gone into the child's room. After that the child stopped crying, she said. She testified that in the morning she found the baby covered tightly with blankets, not breathing, with its arm broken.

The technical charges against the Volks were criminal negligence in causing or permitting the child to be in a situation in which its life was endangered, and willful negligence in permitting or causing the child to be cruelly beaten, tormented and cruelly treated. Attorneys for the Volks said the case probably would be appealed.

[From the Washington Post, Mar. —, 1973]

Suffer the Little Children

(By Coiman McCarthy)

Adults have been beating, torturing and killing their children ever since we supposedly became a little higher than the animals. Only lately, though, is anyone asking why we do it and why can't we prevent it. Social scientists, lawyers, psychiatrists and a few parent groups have been seriously studying the derangement for the past 10 years. As an important part of this discussion, hearings on child abuse were opened yesterday by the Senate Subcommittee on Children and Youth. We have had attention on the subject before, but we still stamble along to solutions, never surefooted about whose responsibility it is to think about the unthinkable.

As with the crime of rape, exact figures on child abuse are unavailable. Dr. C. Henry Kempe, a Denver pediatrician who directs the National Center for the Prevention and Treatment of Child Abuse and Neglect, estimates some 60,000 cases were reported last year. The unreporteds are unknown. Occasional child abuse cases reach the courts—it is odd how seldom we think of children as having legal rights—and the trials are reported by the press. A common impression from these accounts is that the murdering or battering adults are fringe cases, exceptions to the happy rule that most parents are naturally loving. Actually taken to an extreme, certain seemingly normal styles of child-raising can easily lead to violence. Two Denver psychiatrists working with Kempe, write: "There seems to be an unbroken spectrum of parental action toward children, ranging from the breaking of bones and fracturing of skulls through severe bruising to severe spanking and on to mild 'reminder pats' on the bottom. To be aware of this, one has only to look at the families of one's friends and neighbors, to look and listen to the parent-child interactions at the playground and the supermarket, or even to recall how one raised one's own children or was raised oneself.

"The amount of yelling, scolding, slapping, punching, hitting and yanking acted out by parents on very small children is almost shocking. Hence we have felt that in dealing with the abused child we are not observing an isolated, unique phenomenon, but only the extreme form of what we would call a pattern or style of child rearing quite prevalent in our culture."

It is not true that the abusing parents are found only among the uneducated and poor, though—as in other crimes—these are often the first to be hauled into court. Violent parents are in all parts of society. Dr. Sidney Wasserman of the Smith College School of Social Work says: "How easy it is to deny that within all of us lies a potential for violence and that any of us could be unreachable. What is more repugnant to our rational, 'mature' minds than the thought of committing impulsive, violent acts against a helpless child? We tell ourselves that the primitive, untempered instincts responsible for such acts could not erupt in us. But stripped of our defenses against such instincts and placed in a social and psychological climate conducive to violent behavior, any of us could do the 'unthinkable.' This thought should humble us: perhaps we are not battering parents only because conditions do not lead us to commit 'unnatural' acts."

Although violent parents are not isolated by class, they are distinguishable by behavior. "Their lives are marked by illegitimacy, paramour relationships, misuse of income, repeated evictions, excessive use of alcohol, deplorable housing and housekeeping," writes James Delsordo, a Philadelphia social worker. "They obviously cannot help themselves. The abuse of their children seems to be rooted in an overflow of their own frustration, irresponsibility and lack of belief in themselves and anything else. In such cases, the possibility of the family remaining intact is remote. The parents are generally vacuous, pleasure-seeking and devoid of guilt, except for periods of extreme remorse and self-pity. They make promises easily and plead with the case-worker for 'one more chance.' Most parents respond poorly to formal psychotherapy."

Is child abuse preventable? Specialists like Kempe—regarded as a pioneer in the field—believe so. In "Helping the Battered Child and His Family," (Lippincott) Kempe writes that only 10 per cent of America's battering parents are too mentally ill to be helped while a child is in the home. The other 90 per cent may be helped. He sees changes in the traditional social agencies as essential. For one thing, welfare departments often make a parent feel uncared for, exactly the feeling that is passed onto the child through a brutal beating. Kempe and his associates say that a violent parent suffers from a "deprivation of basic mothering—a lack of the deep sense of being cared for and cared about from the beginning of one's life." At Kempe's center in Denver, a child protection team includes pediatricians, psychiatrists, social and welfare workers and a nurse.

In addition, treatment includes Families Anonymous, a program similar to Parents Anonymous. The latter has chapters in some dozen states and was founded in California by a former child abuser (a woman known as Jolly K.). Parents Anonymous chapters are not only for those who have beaten their children but for those who have not but are bewildered—as so many parents are—by the puzzles of child rearing. (Information about PA is available from Jolly K., National Parent Chapter, 2009 Farrell Avenue, Redondo Beach, California 90278.)

Although everyone knows that children's atrocities are occurring, even getting them reported is a challenge. A 1967 survey showed that a fifth of some 200 physicians said they seldom or never considered child abuse when examining an injured child; even if they had a suspicion and were legally protected to report it, a fourth said they would not. In "A Silent Tragedy," a book to be published in May by the Alfred Publishing Company, Peter and Judith DeCourcy argue that "the first requirement for helping abused children is an adequate reporting law. Such a law should protect the often frightened person making the complaint;

therefore, anonymous complaints should be accepted. Investigations of all complaints should be made immediately . . . Reporting should be mandatory for any person who knows of child abuse or neglect . . ."

In the end, many child abuse cases involve parent abuse also; the optic nerve of reform easily sees the battered body of the child, but the disturbed personality ofthe parent should be sighted also. To protect children before they are abused is the ideal, rather than only after. But until aid is offered to potentially dangerous parents—as Dr. Kempe, Jolly K., and others offer aid—helping abused children will mostly be catch-up work. Families, meaning mothers, fathers and children, deserve better.

Senator Stafford. I would like to ask one question of the witnesses if I might. That is, the administration testified this morning to this particular sentence that the protection of children is largely a State responsibility carried out for a variety of statutory provisions including those of the criminal law, juvenile court acts, protective services legislation and specific child abuse reporting laws. Might I ask the witnesses if they agree with that statement?

Dr. Heiser. That it be a State responsibility?

Senator Stafford. Yes.

Dr. Heiser. Well, being here in the District, we are in a very peculiar circumstance. We need somebody to take care of us, and it has to be the Government. I may be speaking for myself, but I think it is permanently a State's responsibility, yet it is such a nationwide problem that States are going to need help, and there is no doubt that it must come from the Federal Government.

Mr. Parrott. It would be my opinion with respect to this that there is no reason why a program and funding for it could not be funneled through the States and even through the State authorities, but there needs to be a focus on a specific problem like this. It gets lost. That is what is wrong here. That is what is wrong in many States, despite the administration's testimony that so and so many million dollars were being spent on this problem.

I think you would find people at the firing line in most States would say, "Where is it?"

Senator Stafford. That is what we learned from the witnesses yesterday, I think, in the hearings. That is why I asked the question of you today.

Senator Mondale. Knowledge of child abuse is not new to this committee or this year. This goes back—well there has been literature on this, goes back well over 100 years—am I not correct on that? The fact that children are being mangled, assassinated, all of this, we have known this for generations, but at the State and local level virtually nothing is being done.

Now there are instances where they are doing something. But in terms of the magnitude of the problem you would say that it is virtually untouched. So therefore, it seems to me one of the definitions of a proper responsibility of the Federal Government is to step in and to help and to encourage and influence with respect to a national problem that is not being met.

I think it is just as simple as that, and to say arbitrarily this is a State and local responsibility and the Federal Government should stay out of it is to engage in a nice legalism, while the torture and abuse of thousands and thousands of children are the consequences of that sweet little legal theory.

I think that the American Government should respond. I much prefer State and local administration of these programs. I am sure Senator Stafford does. One way or another we better get it done and quit arguing about it.

Dr. **Heiser.** And a way must be planned to get the funds to that abused child and to that parent that we see.

Senator **Stafford.** This brings me, Mr. Chairman, to my last question for the moment. That is in view of your response, what can you tell us about the effort that the District of Columbia's government may be making in contribution to the child abuse problem?

Dr. **Heiser.** Mr. Ty Cullen wants to speak to that problem.

Mr. **Cullen.** My name is Ty Cullen. I am a social worker at Children's Hospital. As a social worker and a team member I have worked rather extensively with the different agencies in the District involved in child abuse: The Youth Division of the Police Department, the courts, and the Protective Services Division of DHR. I think right now what we are seeing as not being done in the District is more of an effort toward providing adequate protective services to children, which has already been mentioned.

I think the police have already attempted to form a specialized unit of their own. I believe this started about 3 weeks ago. But our concern right now is to try to have something done about the provision of specialized protective services which we hear may be eliminated.

While this service is mandated, the standards for protection are not.

The law says you have to provide a service for the protection of children. This kind of followup must take place when the children are returned home and about two-thirds of the children we see do go back home. The law does not say how protective services should be provided, it does not set standards for adequate delivery of service.

So that, I guess, in terms of your question of what is happening in the community is our main concern right now. What are the standards for protection going to be? Even minimally adequate protective services cannot exist if the program is decentralized without specialization and the social worker working with a family has a caseload of up to 200. You are dealing with a life and death situation, and anyone with that kind of caseload cannot possibly deliver the therapeutic intervention that is needed.

Senator **Stafford.** Thank you.

Ms. **Huhn.** For example in my office this morning where new cases come in, there were seven cases of neglect and child abuse. I think this is an example of the fact that there are not enough preventive services. I think it is also a fact that it is being identified a little better than it was before, but I think the fact, as Mr. Cullen pointed out, services are so desperately needed here in the District.

Senator **Mondale.** You had 100 reported cases last year?

Dr. **Heiser.** Just from our hospital.

Senator **Mondale.** How many have been reported citywide?

Dr. **Heiser.** That same year there were about 150.

Senator **Mondale.** In other words, you reported 100, and the rest of the city reported 50?

Dr. **Heiser.** That is right.

Senator **Mondale.** That is not very likely is it?

Dr. HEISER. This shows up the need to educate other people in the city.

Senator MONDALE. Do you have any general estimate of how many children are abused seriously in the District of Columbia annually?

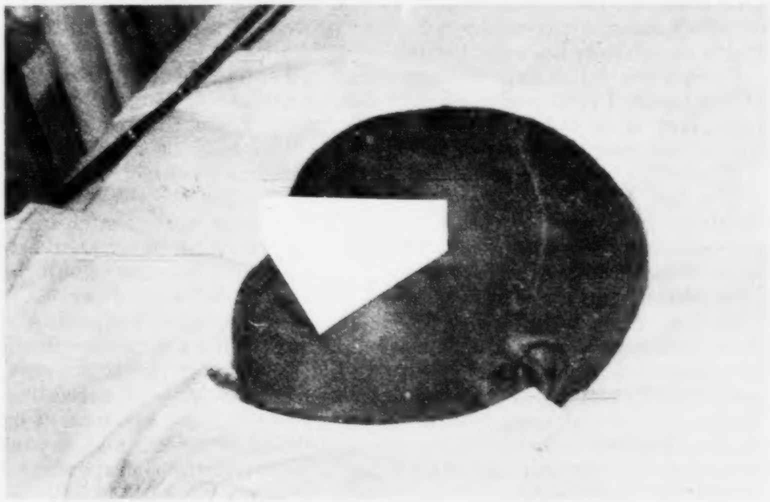
Dr. HEISER. All we can say is that we know there must be at least three times that many, and there may be more. We could not give a definite answer about that.

Senator MONDALE. The only data we have are the official reports, and of course that only comes in——

Dr. HEISER. Some of the ones that present themselves, that are recognized. There are many not being reported. We have some slides of cases that might illustrate some of these things we have been talking about.

Senator MONDALE. Let's do that.

[Slide No. 1.]



SLIDE No. 1.—Case of brothers: Brother A.

Dr. HEISER. This is a case that illustrates a child who at birth was at risk. He was born to a heroin mother.

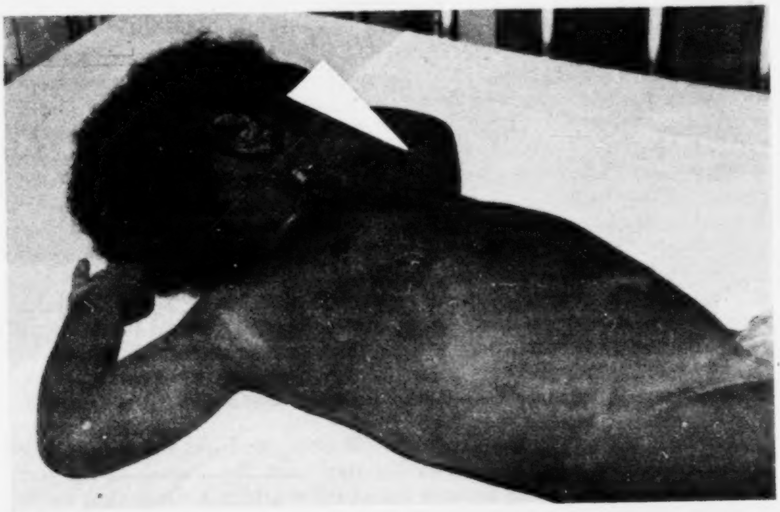
Senator MONDALE. To a what?

Dr. HEISER. To a heroin addict. The baby was addicted at birth and had withdrawal symptoms.

Therefore, right away you know his home situation was unstable. He had to remain in the hospital for some time. Therefore he was separated from the mother for a long period of time at a very crucial point in social development, a few months after birth. He came in to the emergency room at the age of 4 months, lethargic and stiff. It was discovered that he had bleeding into the head. He was lying there not like a typical baby, with his fists clenched, legs straight out rather than flexed. He was almost lifeless, and he could be fed by tube. That was the extent of his life.

This slide shows the scars on his head. He had to have the blood withdrawn by an operation. He stayed in our hospital for about 4 months and then was transferred to a chronic case hospital and died 3 weeks later.

[Slide No. 2.]



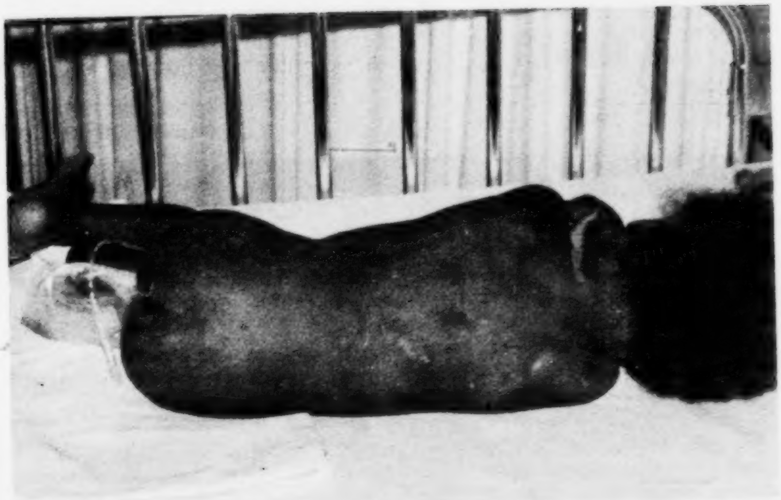
SLIDE No. 2.—Case of brothers: Brother B.

Unfortunately while the first child you saw was still in the hospital, his brother came into our emergency room. His mother brought him to our emergency room, having her other child in our hospital. You can see that many bruises were on his side and chest, old scars on his neck——

Senator MONDALE. What would cause those scars on the neck, do you know?

Dr. HEISER. Possibly fingernails. If it was a skin rash, it would have to be very severe rash that affected deep layers of the skin to make that scar. He came in, and he was a little better off than his brother. He had a little difficulty breathing, and was lethargic, but in a few hours recovered and was a bright child.

[Slide No. 3.]



SLIDE No. 3.—Case of brothers: Brother B.

But he had many, many bruises all over, and old bruises and old scars. The story was that his father took him for a walk in the park at 3 a.m. in the morning because the child would not sleep, that he fell and hit his head on concrete. There were no external marks on his forehead or any kind of abrasion. Therefore the doctor in the emergency room was suspicious of the story; the story that was given did not fit the injuries. Multiple bruises like that just do not occur with one fall.

There were also round scars on his abdomen—we often see this after cigarette burns have healed. Those did not happen just recently.

Senator MONDALE. In other words, you speculate that that child had had hot cigarettes used on his body just in the form of cruel torture?

Dr. HEISER. That is right. This time as he comes in the emergency room it is not the first time that something happened to him.

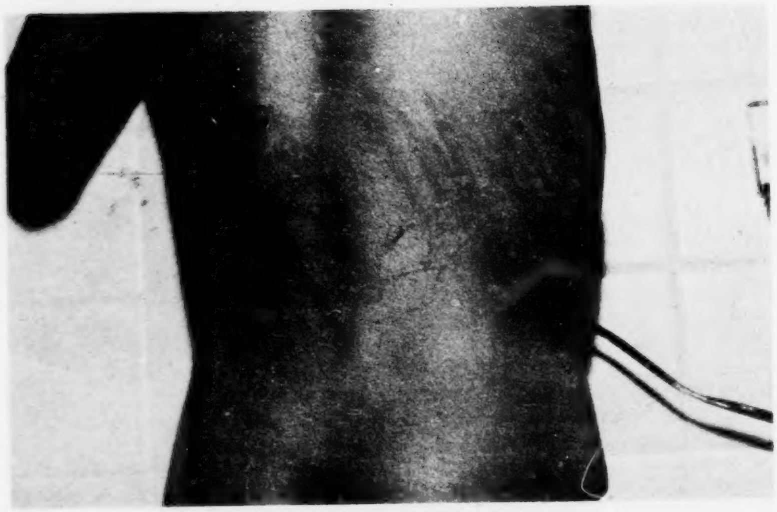
That case points out a child that was at risk—a child who was admitted and had another sibling at home. What was being done in the meantime for that family to cope with whatever was going on that made the first child come? Nothing, and then the second child came in. The second child did recover, and he is a very nice boy, everyone loved him a lot.

But as I said, his brother did die.

Now this second child is in a foster home. As we often see, many of these children who have been abused many times have psychological problems, and we feel very frustrated at this fact that there are not enough services in District of Columbia to cover this aspect of child abuse, not enough mental health clinics, people in this field.

This is another case in the written testimony.

[Slide No. 4.]



SLIDE No. 4.—Miscellaneous case: Beating with a belt.

Here is a child who was at risk at birth, because he had had three sibling brothers who had died around the age of 1, due to apparent accidents. Nothing was ever done about it, because the family was a military family who moved around quite a bit. No one ever put the stories together. Why did three die around the age of 1?

Senator **MONDALE**. Three children in that one family died?

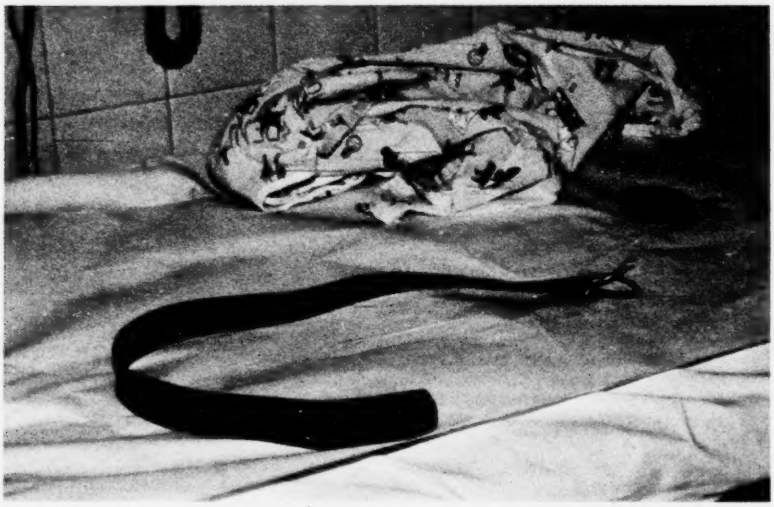
Dr. **HEISER**. Yes, sir.

Senator **MONDALE**. It was a military family?

Dr. **HEISER**. Yes. Also this child had an older sister who was known to have beeen beaten by the mother and as a result was jailed in another State for a while. We learned this later after this boy was admitted. Again it points out what was being done for that mother? Did anyone take care of her? They might have taken care of the children, but did anyone take care of her?

Senator **MONDALE**. What kind of scars are those?

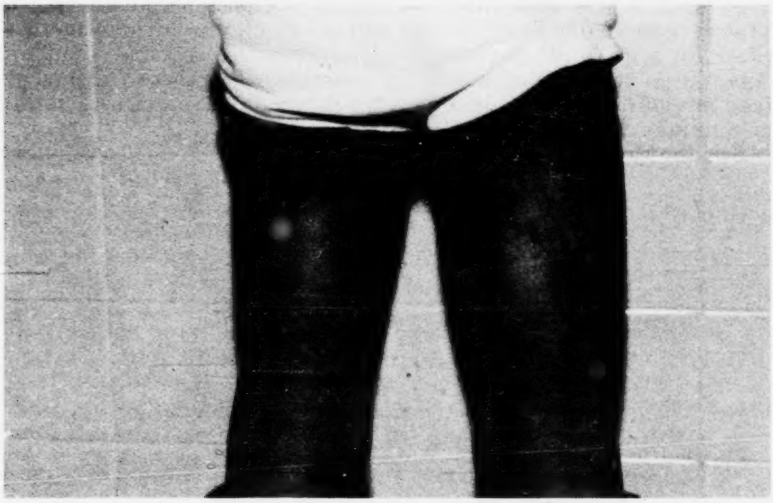
[Slide No. 5.]



Slide No. 5.—Miscellaneous case: Beating with a belt.

Dr. **Heiser.** That is the answer. The boy's grandmother brought the child in. We do not often have this evidence, but the mother had locked herself and child in the bathroom and beaten him with this belt the night before, and the child was not walking too well the next day and hurt so much that the grandmother brought him in. She had often restrained the mother from beating him before.

[Slide No. 6.]



Slide No. 6.—Miscellaneous case: Beating with a belt.

This family having moved around a lot points out the need for some national way of keeping some statistics at least of checking with other States when you have a child—we had pretty good cooperation here, finding out the history. This was not a very hard case to decide that, this is a beaten child. We did not know all the history that had gone on before which made it a more severe case, and it was tried very quickly and has gone through the courts and the child is in a foster home now.

However, his other two siblings are still at home. No one has enforced that the mother seek psychiatric care.

She is to receive psychiatric evaluation, which was advised by the court and then pending that there will be made a decision about the other two children.

I'd like to just describe another case we saw in the hospital. It was a child with a cast on its legs. She had bruises and abrasions on the stomach area. She was about 4 months old, 4 to 5 months of age. Her mother realized she was not able to take care of the child, gave the child up right after birth, and took her back a month later. At 2 months of age she came to the emergency room with a fractured leg, I must say at another hospital. They diagnosed just a fracture, and did not suspect anything. But then she came to our hospital at age of 4 months with scratches on her abdomen.

According to the story, the child had a very severe sunburn. But it was not a severe sunburn. It was at least a second degree burn that you see often after boiling water is poured on somebody.

Senator **Mondale**. You suspect in this case this child had scalding water poured on it?

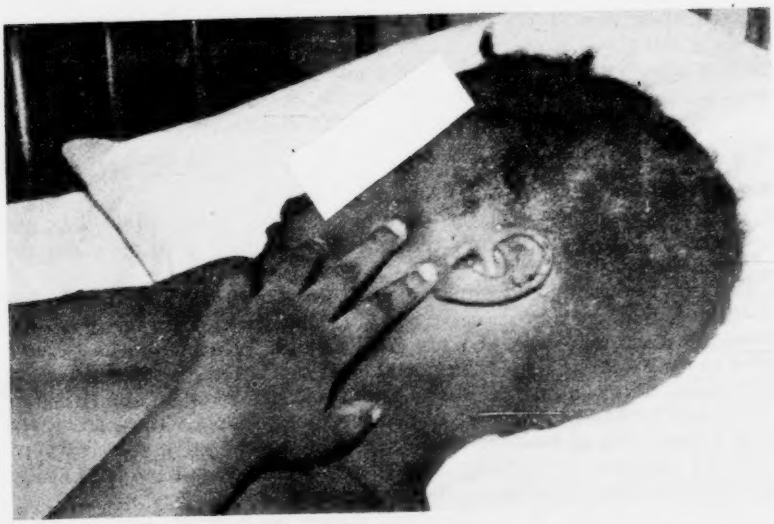
Dr. **Heiser**. Or maybe a heater placed close to her face. That does not happen just from sunburn, plus bruises on her abdomen, and an old fracture. Multiple injuries indicate a battered child if they do not have a plausible explanation. Sometimes we see human bites, cigarette burns, fractures, bruises. We had a child who died. He had charred lower extremities when he was admitted.

Senator **Mondale**. Charred?

Mr. **Heiser**. From burning. We do not know exactly how that happened. It is as if he had been placed in a stove. This reminds us of another point. Sometimes the Youth Division or the judge, the court decides to send a child back home. We had a case of a child who was going to go home on a Friday, developed fever and stayed in the hospital until we found out why she had the fever. The next day her brother came in dead, dead on arrival, at the emergency room, and his sister was going to be sent back home. Again nothing was done for the sibling. Nothing was done for the home.

Because of the system, that child would have gone back home.

[Slide No. 7.]



Slide No. 7.—Case of repeated battering of child returned home after several years in a foster home.

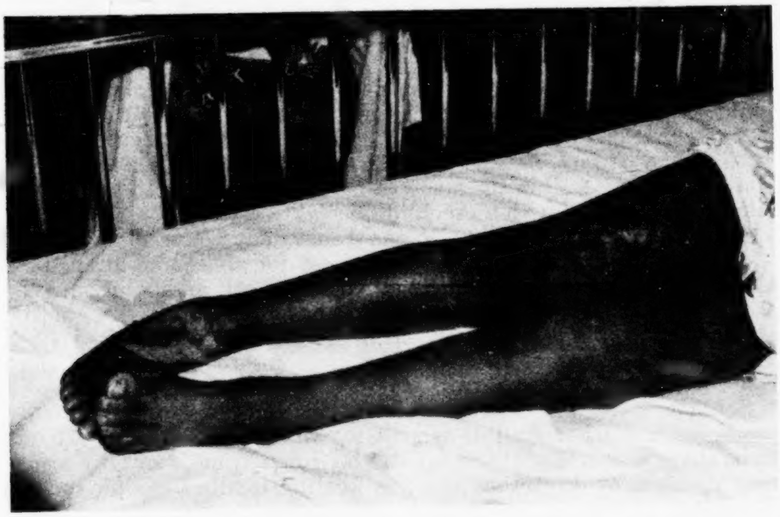
This is a little bit older child. It seems we see a lot of children around the age of 4 for some reason, although as you have seen, we see younger ones too. This child had been removed from her home when she was approximately 9 months of age, having been admitted twice to Children's Hospital. It was after the second admission when she had burns that the child was removed from the home. She had bleeding into the head, burns, and we put two and two together, this was an unsafe environment, and there was a hearing, a trial, and the judge decided she should be placed under the custody of the social rehabilitation administration. The judge advised that the father have psychiatric help, because it was decided it was the father who had burned the child.

Four years later the parents appealed the case and wanted her back. So all the agencies involved thought, well, let's give it a try, because they did seem like earnest parents. However, the judge did not find out—it was a different judge by this time that tried the case. The judges in District of Columbia rotate, I do not know how many months, but about 30 or 40 judges that rotate through the family court. They are not all experts or have interest in child abuse.

Anyway, the father had never received psychiatric evaluation. Nothing was done. The parents did not see this child in that 4 years. Nothing was done to prepare her for going back home, for them to receive her back in her home. She was placed there temporarily. Two months after being there, she came back to Children's Hospital. You see her hand, fork puncture wounds, she was 5 years old the day she was admitted, and she could tell the story very well about how her mother had punctured her hands with a fork. I asked about her ear. You can see there was like a bite and certainly it was a bite, a chip out of her ear was bitten off.

There was an old scar on her abdomen from her burns when she was about 8 or 9 months of age.

[Slide No. 8.]



SLIDE No. 8.—Case of repeated battering of child returned home after several years in a foster home.

These are the new injuries the mother also did. Besides her hands, she placed her in a tub of hot, hot water and her feet have burned and eventually came to grafting. The skin is sloughed off, as you can see. She beat her knees with a brush and again punctured her knees with a fork. The skin on the knees also sloughed and needed grafting. It is a very hard time grafting the knee area.

She went back to her former foster home. She loved her foster mother, went back to that same foster mother. That was the one good thing out of this case.

[End of slides.]

Senator MONDALE. I have been in the Senate 9 years and been on practically every subcommittee dealing with human needs and this is the most nauseating, offensive thing I have seen. To think that we do not have a system for saving these children from this kind of inhuman brutality and have it in place and fully funded a long time ago, it seems to me, is utterly beyond belief.

The statistics are disturbing, but to see the ruined and mutilated youngsters I believe ought to almost result in unanimous support for something immediately that will completely and adequately deal with this problem. When one realizes—and we do not even know the statistics—that there may be 60,000 or more of these children out there right now, being tortured, mutilated, some of them killed, many of them psychologically maimed for life, almost beyond repair, how this country can permit that to happen and continue another day is beyond belief.

It is not an expensive problem as most social problems go, because it is a small minority of sick people, who do this to their children. We are going to do something here. We are going to pass a strong bill. After this it is going to be stronger than I had originally planned, because there is no sense in fooling around with this or going into sterile debate about Federal, State and local.

These kids are being ruined right now, and we all ought to get busy on it and move quickly and immediately for the protection of these children and also as your testimony—it is a manifestation of the sickness that one finds in some families. The whole family needs help. As a matter of fact, I suspect in many cases the best place to care for these children is still in the home, to help the parents with their problems in relationship with their children.

Dr. Heiser. That is right. No one would deny where there is child abuse—no one is against doing something for abused children. It is then, what is the best way to help? And as you say, and point out very well, it is a family—we almost call it chronic, we do call it a chronic problem, that it is a family problem. It is not just that abused child. Unless you help the whole family, we are going to see more and more come back.

Senator Mondale. One of the questions that came up repeatedly yesterday was what kind of family, socially and economically, tends to be abuse prone. Would you say this is primarily or essentially a poverty problem, or do you see abuse in wealthy families, middle-income families?

Dr. Heiser. We see it from all, but because of our location, we have many poor families. It happens in families who are distressed, and distress can mean poverty—the more distress they have of course the worse it is. If they have poverty along with marital problems and job problems, then perhaps they are going to be more likely to take frustrations out on the child. But we have had at Children's Hospital professional people who have battered their children. They have problems, too. It is not that just because you are rich you do not have many frustrations that you cannot cope with.

Senator Mondale. Yesterday we heard from Parents Anonymous organizations, organizations of the parents who had once abused their children and try to work with each other and try to encourage others who had this problem to join, to try to work on a voluntary basis with this issue, this problem, something like Alcoholics Anonymous.

Is there such an organization in the District? Has any effort been made to encourage creation of one? What is the status of that possible effort?

Dr. Heiser. There is no such organization. We are hoping to begin one.

Senator Mondale. Does that not make a lot of sense?

Dr. Heiser. Yes, it certainly does.

Senator Mondale. This is a very difficult problem for many reasons. No. 1, everybody is afraid of getting in trouble with the law, going to jail, and having a criminal record. Some of them certainly deserve it. But if we want to emphasize care and treatment and prevention, they have to feel free to come in and get it. Right now it is like the drug problem and other problems, they do not know whether they are going to get help or whether they are going to go to jail.

Secondly, a lot of people are afraid of social agencies. I am sorry that is the case, but it is true. They feel that often they are dealt with insensitively, and they do not get the help they need or even when they go, they do not get the help as one of them pointed out yesterday. There is something about being with people who have the same problem that I think makes a lot of sense. I think the best thing that happens in alcoholism today is Alcoholics Anonymous, all former alcoholics. One of the things that strikes me is we ought to have a national program of encouragement, creation of Parents Anonymous groups, would you agree with that?

Dr. HEISER. I certainly would. But as Jolly K. testified yesterday, her groups do have a professional with each group. That takes more professionals and therefore more money to pay them, I am afraid. We do want to begin. It is a very good way of therapy for certain people.

Senator MONDALE. In other words, you think we need in addition to good intentions, we need some money for staff?

Dr. HEISER. I am afraid it always comes back to money eventually. You have to have good ideas for that money, though.

Senator MONDALE. The President says it starts out in a flood and ends up in a trickle because many middle-class professionals rip it off. Are you not worried about that?

Dr. HEISER. I have heard about that.

Senator MONDALE. How do you answer that?

Dr. HEISER. As Dr. Parrott pointed out, if the money—maybe I am not answering the question—the money has to come down to the patient, which is the child and the family, and I am sure there are a lot of people who want to make big salaries, but there are others that would like to see help for these children, and in the District of Columbia we certainly need a better system of helping the whole family.

Ms. KAUFFMAN. I am Carole Kauffman, public health nurse coordinator for children. When we talk about treatment and rehabilitation, I think we need various modalities of treatment. Families Anonymous groups are not sufficient in themselves. It is very worthwhile and beneficial and it needs to be supported in our own city, but it is not the final solution.

It takes many different types of programs. I think when you visit Dr. Kempe in Colorado and see their program and the funding required to support the services they provide to approximately 75 or 80 children per year you will gain an appreciation of the extensive and intensive treatment necessary and the costs involved. We cannot put a family anonymous group here and an improved judge or court system there—it is an entire system problem that needs improvement. Some things do not take funding. Certainly interagency cooperation does not require funding but treatment programs do.

Senator MONDALE. I wish we could somehow make that clear. The argument seems to be: Do not send money because middle class professionals just put it in their pocket. Now we are not going to send services either. Unless we do something, these children are going to continue as they have for generations to be abused and killed.

Dr. PARROTT. I would like to answer that point. I think if a program such as is proposed in your bill or the House bill were in effect, and money put behind it, the money would appear at the level of children who are abused in the form of professionals. If it is tagged or earmarked money, even if it is in the pocket of the professional doing a job, I do not see that that is objectionable—a person should be paid for what he does. A program such as should be perfected under your bill, such as you are proposing, it seems to me would so tag the money that it is unlikely a middle class professional would be able on a fee-for-service basis to make a "big pile" out of it, if that is what the administration is maintaining. I think as a matter of fact a program such as you are proposing would minimize the likelihood of what the administration apparently fears.

Dr. **Straight.** My name is Dr. Belinda Straight. I am a child psychiatrist at Children's Hospital. As you know, often battering parents themselves come from battering parents. They are the products of abuse, of isolation, of depression, of unrealistic expectations by *their* parents.

We have another problem here, which is to prevent a new generation of battering parents. We have the immediate task of identifying, intervening for, and rehabilitating these children and families.

Senator **Mondale.** You are a psychiatrist?

Dr. **Straight.** Yes, I am.

Senator **Mondale.** Could you tell us a little bit about possible mental and psychological damage? We have looked at physical damage. I know it is hard to be concrete, but what is the kind of psychological damage that is liable to be permanently a part of these children?

Dr. **Straight.** If we take the last case shown on the slides, as an example, this is a child who felt betrayed by adults. Although she had a good home and a foster mother she was abruptly removed by the courts. She was subjected to the sick behavior of her mother. This child's basic trust in people was deeply shaken. When she came to the hospital she was suspicious, frightened, and depressed. She refused to eat.

Senator **Mondale.** In other words, it is just a constant blur of new people and not being able to identify or get the support of any single——

Dr. **Straight.** That is right. So they become unable to love any one person. They become isolated. Some of these children will be unable to make deep attachments and will view people as interchangeable.

So, unless a good mental health team approach is instituted these children have a very hard time readjusting.

It is the job of the psychiatrist to identify which child has had warm mothering and fathering, but has suffered one incident of battering. Those children may be rehabilitated fairly easily, but there are some children that have massive distortion.

Senator **Mondale.** Jolly K., who testified yesterday, had between the ages of 4 and 18 been in 33 institutions. In 14 years she lived in 70 foster homes.

You have talked about the permanent psychological scarring that comes from this kind of abuse. What about psychological abuse, as distinct from physical abuse? Is it not possible to abuse a child in a way that permanently damages him psychologically without abusing him physically? Do you get into that at all in this child abuse team?

Dr. **Straight.** We do get into that. That is much harder to identify. It is a gray area. You see it a good deal in children who do not eat much, do not gain very much, come in and pose a dilemma for the pediatrician, they look depressed, they turn away from adults, and often they will refuse feeding.

Senator **Mondale**. From what?

Dr. **Straight**. From person to person, people are interchangeable, there is no one person who is more valuable than anyone else. They are what we call affect hungry, they are hungry for anything. Maybe Dr. Ludwig, the pediatrician, will mention something about this.

Dr. **Ludwig**. We do see a great number of these cases, probably more of this type of case than children who are actually physically abused. And for these children who are emotionally deprived children, there is no mechanism for them to fit into the system in any way. They are generally handled in the hospital, recognized, some effort is made to send a public health nurse into the house, follow them, but on a long-term basis there is absolutely nothing for these families until you see them back with injuries next year.

Senator **Mondale**. Any other witness?

Dr. **Heiser**. Dr. Mitchell would like to comment on the bill.

Dr. **Mitchell**. I cannot resist throwing in one thing in support of what Dr. Straight said about the last child concerning the confusion of the people in her life and what they represented. At the time she was at the hospital as a baby—and I knew her as a very charming baby several years ago, the first thing she learned to say was "doctor"—not "momma," not "daddy," but "doctor."

I hope you are getting the message from us, that the child abuse team at Children's Hospital has been very gratified by the current surge of interest in problems that we have found so distressing and so frustrating for some time, and especially by efforts such as this bill represents on a national level to do something constructive about the problems rather than just expressing concern.

Senator **Mondale**. What I am worried about, is that I have been up and down this liberal hill many times before on hunger, et cetera. We seem to have a short period when we concentrate on the ghastly nature of a social problem. People get tired of hearing about it, and this is the end of it, until maybe a decade later when somebody holds a hearing just like this, and everybody feels appalled. Nothing happens. That has been going on now for this issue for over 100 years. I am anxious that we take this record and act on it and get some legislation, some money, and maybe even move the President to use the law in trying to get something done.

For many years the thing around here was to help poor children get a chance. Now that is considered unstylish, a waste of time. We have scholars tell us it cannot be done. So nobody is interested in that anymore. A few years ago it was hunger. A few years before that it was migrants. We see these appalling problems. It was Indian education a few years ago. Sometimes we even pass a bill, like we did in Indian education. Four years ago we were told the most important thing is the first 5 years of life. I agree with that. So we pass the Comprehensive Child Development Act which I think is the way to really go at this problem, so that you really get into those communities and those neighborhoods in a comprehensive approach, give children a chance to help build and strengthen those families, and deal with the whole range of problems as they come in, not in a separate delivery system, if we can.

But that was vetoed and considered to be a terrible waste.

Now I am hopeful that we can act on this and get a strong bill and get it signed and get money and get something moving. This is what worries me whether we will actually get around to it.

Ms. Mitchell. I certainly do too; I would support what you are saying about sporadic interest from time to time not being enough. Child abuse has been referred to as an inherited disease, because we know that many parents who abuse their children were themselves abused, isolated, or emotionally abused as they grew up, and I think somebody needs to find out what kinds of intervention we can do that will in the future lessen the problems of the children we now know are abused. In other words, somebody has got to follow those kids for years and find out what happens to them and to their children.

The remainder of the testimony—the written testimony—we have submitted, is a series of questions, suggestions, and ideas on specific sections and subsections of your bill. I am sure that time will not permit us to go through all of them, so I picked a couple we would like to highlight, and I would like to present one quick review at the end.

These are questions and suggestions that have grown out of the problems and the needs that you have been hearing about from the team already this morning. First, I would like to take a legal aspect. Although all the States do have reporting laws, as you have heard this morning, they are far from adequate in many instances. We have, therefore, had the idea that perhaps under section 3 of your bill a group of lawyers and judges with grassroots experience in handling abused child cases, perhaps a bar association, could be contracted with to write a model law on child abuse and neglect, which would do a number of things:

First of all, better define the terms "child abuse" and "child neglect" legally.

Second, provide for better reporting. I wanted to add couple things about that a little later one.

Third, enable the courts to more effectively protect and identify abused child and his subordinate, as has been illustrated by the cases presented before repeated and irreparable damage occurs.

Fourth, better enable the courts to act as part of the rehabilitative effort, rather than principally punitive role toward the family and child involved.

And, fifth, provide for exchange of information between the States and between military and civilian personnel as needed to protect an abused child.

At the other end of the spectrum we are concerned that the mistake not be made at any level of thinking that child abuse and the handling of this problem is something that can be learned by reading some sort of "how-to-do-it" manual; even rather extensive reading in the area is not sufficient to make an "expert," although there are certainly some excellent materials available. Ultimately we feel that the person who is assigned to handle child abuse cases must learn by experience. However, I think each member of the group here would verify from his own experience that the person who is facing a real life abused child and his family—be it the public health nurse or the visiting nurse in the child's home, the social worker in the community, the private doctor in his office, or the resident on call at 2 a.m. in a hospital emergency room—is facing a very dangerously emotionally charged situation, and not the least dangerous are the emotions and attitudes of that person facing that situation—dangerous, that is—with respect to the outcome for the child involved. Also as one goes on in handling the case, there are going to be a lot of rather hairline decisions to be made as to what is to be done about that child; and unless the person facing that child and his family and those decisions is quite experienced, he is going to need help.

The 24 hour 365 day oncall schedule that the three pediatricians on the team maintain, and the early consultation we have in each case with our social service workers has attempted to provide this necessary support and backup on the wards and in the emergency room of Children's Hospital. We feel this has been a fruitful effort. Therefore, we have suggested on extension of subsection 2E of your bill which proposes a compilation of education materials, to include a small task force of individuals who are experienced in various areas of dealing with child abuse and neglect. These persons we felt could be available for brief periods of time on a concentrated basis to neophyte groups who are attempting to establish or improve a program for prevention, identification and treatment of abused and neglected children, appropriate to their own areas and circumstances. Nucleus programs so generated could in turn provide ongoing consultation in their own geographical areas as provided in section 382 of this bill.

I would like to add one thought to this: training programs in our estimation should perhaps be required, in order to receive grants, to address themselves to two broad objectives: one being the increase of expertise of individuals in their own field—be it law, medicine, social work, nursing, or police work—at the same time such programs should aim to increase the motivation and the expertise of these people for working in concert with people in the other areas involved. Because if you have a splintered; fragmented program, you really have the equivalent of nothing.

Finally, if we understood section 5 of the bill correctly—and I gather we did from what we have heard this morning—that you wish to impose conditions on the States which they would have to fulfill before receiving aid under the Social Security Act, we endorse this idea and approach. However, there are certain areas in which we feel the prerequisites could be stated somewhat more specifically even from our present limited knowledge. This might have to be revised as we learn more about the problems:

In the area of reporting, we feel the reporting of child abuse and suspected child abuse, should be required by law of all physicians, physicians' assistants, nurses, social workers, school teachers, and other school professionals, medical examiners, law enforcement personnel, police, and so on; and that all such persons, as is not true now, should be guaranteed immunity from civil and criminal prosecution from making such a report in good faith.

Senator **Mondale**. Do you think that will work?

Ms. **Mitchell**. I do not think it will do the whole job. But I think it is necessary to help. There are a lot of the things that are needed to help. I think personally, and I think some of the team agree with me that some sort of penalty should be imposed for failure to report. Certainly other areas such as I believe Ms. Huhn touched on, such as speeding up procedures in the courts and letting a doctor know when he is going to appear: things like this to make the system work in a more coordinated manner will certainly help. I have personally sat in on 2 days in one case; the hospital does not dock my pay, but a private physician would lose money and perhaps patients. Also demonstrated that there are interested people working in effective programs for these families will encourage reporting.

In the area of investigation, we feel States should have certain provisions for effective investigation of reporting child abuse. These should include personnel who are trained to conduct investigations and a set of minimal standards for what such an investigation must include: the deposition of the reporter, interviews of all regular caretakers of the involved child, medical, including psychiatric, reports on the child, pictures of the child where applicable, immediate examination of other children in the household. I know it may sound kind of picayune to pick out something like saying, you should interview all regular caretakers of the child, but I personally recently had a case where a child was brought in, an arm was fractured. He had a fractured skull, and his mother had no idea how this could possibly occur. It was reported to the police. The police investigator interviewed the mother and said she was a very nice person and the child should go home, and it wasn't until we discussed with the policeman whether he had contacted any regular babysitters, any regular visitors to the home and nursery school, where we had learned from the mother the child was enrolled, I and this child came in regularly on Monday mornings after weekends.

Senator **Mondale**. What about abuse in public institutions? We have talked about abuse in homes by babysitters, et cetera. What about children who are—I recall reading about Junior Village and so on—does Children's Hospital come into contact with children who have been abused in institutional care?

Dr. **Heiser**. We do not see it, and that might be the problem.

Senator **Mondale**. Are you convinced it is not happening?

Dr. **Heiser**. No, sir.

Senator **Mondale**. In other words, it could be happening in public institutions, too?

Dr. **Straight**. It certainly does in terms of sexual abuse in the prison system and in children's reformatory systems.

Mr. **Ludwig**. We also frequently see children who have been in the daycare center, and places like that, and again this is another just general and broad area, but the fact that there is no licensing of daycare centers, no registry of approved babysitters, gets to be a problem at times. We have no way of knowing, and parents have no way of knowing.

Senator **Mondale**. We are cutting back on that stuff, and we are suspending daycare centers, I understand.

Ms. HUHN. Along those lines, the child abuse law is geared heavily to the parent, and we have a vacuum, where for example, the mother's boyfriend or relative abuses the child and yet the law says a parent or a legal guardian, and therefore sometimes legally we do not have a way of solving this problem by getting custody of the child, because there are other people doing the abusing. Sometimes a mother allows a sibling to abuse a child.

Senator MONDALE. I guess we have one more witness from the American Academy of Pediatrics, so I want to thank you very much for a most persuasive and useful testimony.

Our final witness this morning is Dr. John E. Allen, representing the American Academy of Pediatrics. Thanks for your patience for the long day.

STATEMENT OF JOHN E. ALLEN, M.D., AMERICAN ACADEMY OF PEDIATRICS, ACCOMPANIED BY GEORGE K. DEGNON, DIRECTOR, DEPARTMENT OF GOVERNMENT LIAISON, AMERICAN ACADEMY OF PEDIATRICS

Dr. ALLEN. It has been a long day, Mr. Chairman, and I will try to summarize my remarks.

First, I would like to introduce myself as Dr. John Allen from Brooklyn. I am chairman of the American Academy of Pediatrics, subcommittee on child abuse. I was interested this morning that several references to the question have been made: Whether anybody is full time in child abuse?

I think probably the answer is no, and that across the country no one is full time that I know of. I am not unfortunately.

My colleague is Mr. George Degnon, who is Director of the Washington Office of American Academy of Pediatrics.

I would greatly appreciate having my statement entered into the record.

Senator MONDALE. Your statement will appear as though read.

You have listened to the testimony. I think you have been here all day and may have been here yesterday.

Dr. ALLEN. Not yesterday, but I saw a bit on television.

Senator MONDALE. It might be helpful if you were to tell us how to evaluate the issues that have arisen here, how you see them, how much of this is going on, how adequately are we responding, how adequately is the Federal Government responding, and what should be the response, that sort of thing.

Dr. ALLEN. I will be glad to do that, Mr. Chairman. I would just like to state on behalf of the American Academy of Pediatrics that one statement which was not in the Congressional Record was our statement of February 1972 which is attached to the report, and I think gives an up-to-date position on the academy's thoughts concerning child abuse.

The following remarks will be sort of a combination of what I think the American Academy of Pediatrics believes and what I believe.

First, I would agree with my professional colleagues and others that the efforts at a national level are completely inadequate, when one gets down to the level of providing care for the individual child.

I know the exercise of going through the HEW presentation this morning is painful, because those of us in the field—and I happen to live in the worst area, I guess, in the country, Brooklyn, where one hospital that I am associated with we saw over 300 cases in one hospital in Brooklyn, in 1 year. We know that none of those children get the kind of care and protection that we talked about today.

I think it is inadequate. We have got to get into focus.

I have been a little mixed up this morning on what happened to the word "battered child". It is not a good word. Yet as soon as we get away from it, we begin to get into this whole area of social illness and other problems in child abuse. I think what we are really talking about, whether we want to admit it or not, is that we are talking about the physically abused child. This is what we have got to focus in on.

Senator MONDALE. I am glad you made that point. Unless you do that, you get into the question of sort of basic social health, which is beyond the reach of legislation that we can possibly do. Until we can deal with that broader problem, these children are going to continue to be maimed.

Dr. ALLEN. Now I do believe rather strongly, and I think the American Academy does, in fact, its whole structure is based on a State system, I believe this should be handled on a State system but with adequate funding, with adequate standards, with adequate supervision. I do know personally you are going to hear a great deal about that particular aspect in Denver from Dr. Kemp. The Academy group met with him the week before last in Denver. I can say certainly in most situations we support his views.

Now I am just sort of jumping around here and not saying much. I would like to point out in view of the pictures shown, the clinical cases discussed, which were certainly the kind of cases that we see in every walk of life, I am a little concerned—they were not presented this way—but I am a little concerned that we will get back into the punitive aspect, you know, that these situations are so horrible, and we believed this not too many years ago, the only thing to do was to get rid of the parent, punish them, and put the child somewhere else. As I saw those pictures, I wanted to emphasize that you cannot judge the severity of the abuse. You cannot make a decision of the severity of abuse unless the child is dead, as to the dynamics in the family picture. In other words, some of the most severely abused children will have an opportunity of rehabilitation of their families, while other children who may have minor abuses belong to real psychopathic or schizophrenics, paranoids, that may come back dead.

I would hate to get on the kick that the answer is punishment, law and so forth. We believe strongly that about 80 percent of these families and maybe even 90 percent with proper coordination, multidisciplinary coordination, could be rehabilitated, and believe me if they only answered this business of foster homes and institutions, well it is not a substitute for the family. So we have got to be family oriented, and that is the concern of the Academy.

I would like to say one other thing. I do not in any way mean to disagree with my colleagues in Washington. Their program I am sure is going to be another model program and one that is needed everywhere.

But in terms of the reporting laws—first of all the reporting laws have not all been a waste, and I think this morning you tend to get a little feeling of this. The reporting laws were pushed and developed—certainly the Academy of Pediatrics had a strong role in developing these reporting laws. We know their inadequacies, and we know they do not solve the problem, but they have brought the problem to light.

I think they need to be liberalized and they are in several States like New York and Colorado.

Senator **Mondale**. Do you think that all doctors are now reporting examples——

Dr. **Allen**. No. I would like to speak to that too, because they certainly are not and we all know they are not. Of course when we think of children, we think of pediatricians, but you must remember that while we try to influence the care of the child, we do not take care of, say, more than maybe direct medical care, maybe 25 or 30 percent of the children in this country, and in child abuse, of course, many dentists, orthopedists, and so on are involved, and I am not saying we pediatricians are perfect, but I think the others are less perfect in terms of recognition and reporting.

I understand there are several suits going on—on the west coast concerning physicians not reporting. I do not believe that any kind of legal penalty will increase the reporting. I think it has to be peer pressure. And the American Academy of Pediatrics through our committee is attempting to mount a national program aimed at physicians, from an educational and self-instructional standpoint.

I think that the pressure should come from there and not say you will be fined $1,000 or you will go to jail. But there is no question, I could give you seven or eight reasons why physicians do not report the cases. Some are not good reasons, and others are good reasons.

Senator **Mondale**. I think it would be well for us to review the next step for those reasons. Maybe some of the provisions of the reporting statutes could be modified in a way to encourage reporting, to protect the time of the doctor, protect him against other things, so we can get the information.

Dr. **Allen**. First of all, it does not need to be the physician, as people from Washington pointed out, the law needs to be liberalized, in States like New York, Colorado, almost anybody can report. So let's not make it all the physician, but you ask specifically, now I have jotted down seven reasons and I am sure there are more why physicians do not report.

No. 1, is an emotional and unwillingness to accept the diagnosis—I am talking about private pediatricians primarily—in other words, the physician dealing with his patient, either within his office or in the hospital. There is unwillingness, as I told George this morning, if I was taking care of his kid, and the kid came in with a fracture, there is a psychological block there to say: Did he or his wife really smash this leg?

We know that 30 percent under 2 years of age, the fractures are self-inflicted. So maybe George did it.

There is that unwillingness to get involved with a private patient and to really believe they can do it.

No. 2, there is failure to even consider the diagnosis, and we miss all kinds of diagnoses, but when you have got a bleeding child, a damaged child, the physicians, particularly those oriented to pathology, taking care of that fracture may not even think of it. That is No. 2.

No. 3, is the overwhelming nature of the trauma may cover up social and other things.

No. 4, is fear of court procedures. Now the private physician, depending on fee for service, gets tied up in a couple days of court procedures, and it is a disaster for anybody—it is a disaster for the patient. So what is the best thing, either send it into Children's Hospital or maybe try to smooth over the situation. That needs to be streamlined and the court has to be willing to accept written kinds of evidence and pictorial rather than direct physician presentation.

Many physicians feel they can manage these problems themselves, and after all that is their business. They know the family and they mistakenly think that they can be the social worker, they can be the attorney, they can be the entire team. They find out only later that this does not work.

No. 6. Physicians are disappointed, as I am, and everybody in this room is, except the Assistant Secretary, with the system that provides protection, provides follow-up care. There simply is no system, so why report it? I am sure if you had a good system that followed through, that he would report it.

Senator **Mondale**. How many years have you been involved in this child abuse related work?

Dr. **Allen**. I thought you were going to ask how old I was.

Really since the early 1960's, and to tell the truth, you said 100 years, and you are right. But child abuse, the kind we are talking about, was only really recognized in the 1960's. It was there, but it was not recognized.

Senator **Mondale**. I was told that in the early settlement house days of Chicago, one of the first issues they got involved in was child abuse.

Dr. **Allen**. It was there. But we think of the battered child as first described in 1962. I would say 1962.

Senator **Mondale**. I think I want to pin down in terms of your opinion at least whether in fact there is a reasonably adequate Federal, State and local response to this problem now. I think there is not. I think it is manifestly inadequate, but I would like your response to that question.

Dr. **Allen**. Well my response is that there is an inadequate concerted response. Now I put it that way because it is wrong to say nothing is done. I think if somebody could really have the time to rebut all the remarks that were made this morning, the fragmentation the Federal level makes, you know, the 60 million or 100 million or whatever it was, worthless anyway, so I think it is totally inadequate. It is a low priority as are all children's services in this country. Yet there are resources there, that with the bill, the proper bill such as yours, with perhaps some changes, that many of these resources could be brought to bear on the problem.

It is wrong just to say there is nothing. There is something. I would accept that. I think there is perhaps more going on at the local level unreported than we often know. I agree with that.

Senator **Mondale**. But if one says that as a general proposition, without being tied down, there are approximately 60,000 battered children annually, do you think we are reaching most of them or half of them?

Dr. **Allen**. Our figures in New York, in 1970, there were 300 cases of abused children per million population, and now this year, 1972, there are 380. Not only is it increasing, but our ability to deal with it actually is decreasing.

I would like to get one word in on the physician business. I think it is very important to realize that many physicians in all levels, all specialties, care about child abuse, and that many cases are indeed reported by physicians.

I think it is just one area, and I think we will not get too far in just focusing in on that area. But physicians do report. But the Federal, State and local programs are absolutely totally inadequate, but not always because of lack of resources.

They are inadequate because of lack of direction, coordination and amalgamation, I guess.

Senator **Mondale**. Very good. We appreciate your contribution here. May I say we are continually in your debt, to the American Academy of Pediatrics and Mr. George Degnon, who has helped us time and time again in this commmittee with child development legislation, with sudden infant death legislation, early screening difficulties, the maternal and child health program, and other initiatives relating to children.

We are very, very grateful to your Academy and to members of your profession for trying to help us in these critical areas.

Dr. **Allen**. Mr. Chairman, I think you, and certainly we return the same feeling, because we feel we are advocates for the well-being of children and we greatly appreciate your efforts in this field, and let's do something now.

Senator **Mondale**. Yes, that is the issue.

Mr. **Degnon**. If I could just make one comment. The other day we had some physicians in town, one of whom was from Minnesota, and he had attempted to make an appointment with your office to come by and say hello to you. I asked him what he was going to visit you for, for what purpose, and he said "I just want to go and tell Senator Mondale, thank you, for all you are doing for children."

I think that should be in the record.

Senator **Mondale**. Thank you very much. I appreciate it.

[Whereupon at 1:30 p.m. the hearing was adjourned.]

CHILD ABUSE PREVENTION ACT, 1973

SATURDAY, MARCH 31, 1973

U.S. Senate,
Subcommittee on Children and Youth
of the Committee on Labor and Public Welfare,
Denver, Colo.

The subcommittee met, pursuant to notice, at 10 a.m., in the laboratory room No. 2 of the Medical Center of the University of Colorado, Senator Walter F. Mondale (chairman) presiding.

Present: Senators Mondale and Randolph.

Also present: Hon. Patricia Schroeder, a Member in Congress from the First District of Colorado.

Committee staff members present: A. Sidney Johnson and Ellen Hoffman, professional staff members.

Senator Mondale. The Subcommittee on Children and Youth will come to order.

We are very pleased to have with us today Jennings Randolph, the senior Senator from West Virginia, and chairman of the Subcommittee on the Handicapped.

We are delighted to have Congresswoman Schroeder with us. She is the chief author of the chief companion to S. 1191 introduced in the House.

Earlier this week in Washington the press reported on the death of a 3-month-old child, Sebrina Ward. The cause of the death was listed as "a clot of blood in the brain." After the death the infant's parents were charged with felonious child abuse.

Sebrina will now become a statistic, one of the estimated 60,000 reported victims of child abuse this year. She will join the ranks of thousands of defenseless infants and children who are brutally and often permanently destroyed before anyone dares to suggest a diagnosis of "child abuse."

This subcommittee began its hearings on this question in Washington on Monday and Tuesday of this week. After hearing those 2 days' testimony I am personally convinced that this session of the Congress must move to pass strong legislation to once and for all deal with this tragic and basic problem in America.

On Monday we heard the testimony of a reformed child abuser, Jolly K., who had once thrown a knife at her own daughter, who is now devoting her life to working with other parents who without such help may be unable to control their emotions from breaking out into violence against their own children.

On Tuesday the subcommittee was told and shown by the child abuse team at the Children's Hospital in the District how terrible this problem can be, how children are burned, beaten and maimed, scalded, and yet how the abuse somehow escapes being detected until it is too late.

We have many laws that make this sort of thing illegal; they require the reporting of suspected cases of abuse. We even have a Federal law which says that the States are supposed to use the funds they receive for "protective services" to identify, prevent, and treat child abuse. Yet representatives of the Department of Health, Education, and Welfare testifying before our subcommittee this week were unable to tell us what was being done, if anything, and whether any of these funds, in fact, were being spent to deal with this tragic problem. So early this month we introduced the Child Abuse Prevention Act, now supported by 15 other Senators and introduced in the House by Pat Schroeder.

We came to Denver because, I think, it is well known, it is considered that the team of witnesses about to testify before us, under the leadership of Dr. Kempe, consists of the finest effort being undertaken in the country today. We are anxious to hear from our witnesses here and to learn from you what are the elements of the problem, what we might do to better deal with it, what the role of the Federal, State governments might be.

Senator Haskell cannot be with us today, but he has sent a representative, Marty Thorpe, who will be sitting in and informing the Senator of our findings.

Senator Dominick could not be here today, but he has a representative, Jerry Zelinger. We are pleased to have him with us today.

Also Senator Dominick submitted a statement for the record, which I will put in the record at this time. We are pleased to have him as the cosponsor of this measure.

[The prepared statement of Senator Dominick follows:]

PREPARED STATEMENT OF HON. PETER H. DOMINICK, A U.S. SENATOR FROM THE STATE OF COLORADO

Senator DOMINICK. Mr. Chairman, the problems associated with child abuse and neglect are certainly not new to our society, and yet I feel that awareness of this problem by the general public and recognition and effective handling by professionals is lagging far behind the times.

Positive action toward handling child abuse in this country began about 100 years ago with the creation of the Society for the Prevention of Cruelty to Children under the auspices of private concerned citizens. No major steps toward treating these problems occurred for the next 90 years.

However, largely due to the excellent work of a handful of dedicated people, such as those here at the University of Colorado Medical Center, public awareness has grown. Within the last 10 years, all 50 States have passed reporting laws of some kind and all 50 States now have child protective services under the State welfare departments, which receive these reports.

There is no question that this is a very serious problem. Approximately 60,000 suspected cases of child abuse are reported in the United States every year. The frequency of child abuse may actually be twice

States every year. The frequency of child abuse may actually be twice this figure annually. Five to 25 percent of abused children die as a result of injuries they receive, and an additional 20 to 30 percent suffer permanent disability—usually mental retardation or motor changes. Much more can and should be done to remedy the situation.

For that reason, Mr. Chairman, I have cosponsored your bill, S. 1191, which hopefully will give impetus to the effort of finding solutions to this problem. In addition to providing Federal funds for demonstration projects for the prevention, identification, and treatment of child abuse and neglect, this bill would help focus national attention and expertise on this problem through the establishment of a Presidentially appointed National Commission on Child Abuse and Neglect. This legislation is not intended to establish a permanent Federal program, but to enlarge public and professional awareness, and to stimulate the development of State and private programs which will both reduce the incidence of child abuse and provide treatment to its victims. After the planning and implementation of State programs has begun to crystallize, the role of the Federal Government in this area can be reduced if not eliminated.

I am particularly proud of the fact that the leadership of Dr. Henry Kempe and the hard work of a group of public spirited professionals for the past 12 years at the University of Colorado Medical Center has resulted in the creation this year of the National Training Center for Child Abuse and Neglect with headquarters at Booth Memorial Home in Denver, and operating out of there and the Colorado Medical Center. The center was made possible by a grant from the Robert Wood Johnson Foundation with the express purpose of prevention, identification and treatment of abused children. I believe this center will serve as a model for the Nation as child abuse programs are expanded.

Mr. Chairman, although I am not a member of the Subcommittee on Children and Youth, I will certainly give support to bills concerning Federal aid for child abuse problems when they come up for review before the full Committee on Labor and Public Welfare.

Thank you.

Senator **Mondale**. Also I want to thank the staff of the University of Colorado Medical Center and Representative Schroeder and her staff for all the help they have given us.

Senator Randolph.

Senator **Randolph**. Thank you very much, Mr. Chairman.

I first came to Denver in 1930—that was a different day—and I brought a basketball team from West Virginia, Davis and Elkins College. At that time I was a member of the faculty and also worked with athletics. I checked just yesterday and I determined that we had lost the game, so I thought, too, I would mention that here.

Senator **Mondale**. It was widely covered, Senator.

Senator **Randolph**. We started out, played 11 games, and ended up with Occidental College of California. To make the story a little better than you have indicated, we won 8 out of 11 games. We ran out of money in California. But those were the days when we had to operate on very modest budgets.

But, seriously, Representative Schroeder and my colleague, I am very delighted to be here.

In an effort to save time, Mr. Chairman. I am going to ask unanimous consent to place my opening statement in the record and only to make this comment.

As we go into the matter of the child abuse problem or problems, we have to think, of course, not in a timid approach. This has been so for too many years. We have to make an all out frontal attack and effort to do a job that has been left undone. That doesn't mean that we have to try to make headlines or dramatic statements but to look into the real causes, as Dr. Kempe and others who are here have done.

So as we seek these solutions, I remember a quotation that I think is applicable to this problem, and perhaps other problems, "If you are not part of the solution, you are part of the problem." I think that all of us who are here today want to approach in a well reasoned, realistic, and yet an urgent way the challenge of this committee hearing and the work that you are so well leading there in the Senate.

Thank you very much.

STATEMENT OF HON. JENNINGS RANDOLPH, A U.S. SENATOR FROM THE STATE OF WEST VIRGINIA

Senator Randolph. Thank you Mr. Chairman, it is a privilege to join with you and Mrs. Schroeder here today for these important hearings. In our first two hearings on the Child Abuse Prevention Act we heard testimony from parents who have abused their children but are now attempting to solve their problems through parent organizations. We heard also from a group of concerned doctors, psychologists, and social workers at the Children's Hospital in Washington, who presented shocking testimony revealing the reality of child abuse.

It is important that we move forward with as much speed as possible to find the solutions to this dread sickness. The 60,000 reported cases of abuse that are known each year do not represent a total picture of the problem. Of great concern to the subcommittee is the vast number of cases that are not detected or reported. The present apparatus existing in all 50 States is not doing the job that must be done. Each day we read in the papers or hear on the radio of cases of abuse that has resulted in the death of innocent children. Often these cases involve parents that have had a history of abuse, but the children have been returned to the family with no adequate assurances for their protection. The solutions, I am sure, are not simple. However, it is a matter of urgency—in many cases a life or death situation is present—that we properly detect, report and treat instances where children have been abused, battered, or severely neglected.

We must develop legislation that will broaden and strengthen existing programs, such as the center here in Denver and others that exist throughout the Nation, and develop new centers where treatment and prevention programs are available to the community.

Dr. Kempe, a recognized expert in this field, will be very helpful to the subcommittee as we seek solutions to child abuse. I am looking forward to hearing from the doctor and his team of physicians, psychologists and lay personnel. The fact that today we are in Denver is testimony in itself to the wide scope of this problem. Child abuse knows no regional barriers nor is it restricted to any social class.

We must develop an effective program that will reach all social classes and all regions of the country, urban and rural. Much of the testimony that the subcommittee has heard has been mostly restricted to the problem and its treatment in urban areas. We must not underestimate the need for affirmative action in our rural communities and counties as well. We must see that adequate care is provided for our children in all areas of the country.

As we think of terms of solutions to child abuse, it brings to mind a quotation that is applicable to this problem and so many others, "If you're not part of the solution, you're part of the problem."

Senator **Mondale**. I am very pleased that you can be with us, particularly because of your crucial role as chairman of the Subcommittee on the Handicapped, which is also concerned with this same problem. I think we are going to be able to make a good deal of progress.

Congresswoman Schroeder.

Congresswoman **Schroeder**. I just want to make a few brief statements. I am very, very honored to be here in Denver with Dr. Kempe and other people who are providing such great national leadership in this area, trying to find some solutions to child abuse. I do think we need involvement in this area because we don't actually have any concrete answers at this time; that is one of the things we are groping for, some way to cope with this problem.

I think this is one of the vital things. If we can prevent this type of thing from happening, we can solve so many other problems. For some reason we say we are a child-oriented society; yet apparently we feel that we need to spend money on children only when they become juvenile delinquents. So I would hope that we could start looking for answers before the child has "gotten in our way" and try acting like what we really are. One of the most important resources that we have in our country is our children. That's why I am here.

I am very proud to be carrying Senator Mondale's bill in the House. We now have almost 45 sponsors and I think we will be getting a lot more.

I am very delighted to be here.

Senator **Mondale**. Thank you very much for being with us and giving us your contribution.

Dr. Kempe, would you take over from here and more or less be the chairman of this panel because you know what they are going to contribute. We will just interrupt as we have questions.

STATEMENT OF C. HENRY KEMPE, M.D., PROFESSOR AND CHAIRMAN, DEPARTMENT OF PEDIATRICS, UNIVERSITY OF COLORADO MEDICAL CENTER, DIRECTOR, NATIONAL CENTER FOR PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT, DENVER, COLO.

Dr. **Kempe**. Senator Mondale, Congresswoman Schroeder, and Senator Randolph, whom everybody in the country loves because of his interest in the problems of the handicapped child and for his many efforts for so many years.

This is another part of the handicapped child picture and one that challenges one's imagination to the utmost. We are not, by any means, the only place in the country doing work in this field; there are many, many interested persons involved in the area of child abuse who have established facilities similar to some of ours.

One reason we are here today is because we have tried to put together a comprehensive Center for the prevention of abusive treatment and neglect of children, a National Training Center, and we hope in time it will be duplicated all over the country.

Take the child after admission to the hospital—where the child has first been seen—that is where the action needs to be. Starting with the hospital admission and consultation with members of the team, the social workers, and family diagnosis—that will allow us to make some prognostic evaluation—if it is felt that the child can never make it in his family, what kind of treatment must be provided for the child and for his family and in what way will the welfare departments, private agencies, and we, cooperate with the court to achieve long-term followup on these children, to see what they are like 5 years later. Even though they may have suffered no sustained physical injury, how are these children doing in school, and, finally we need to take a look at the modalities of treatment—which are multiple—we hope to persuade Congress to go into the business of offering many more modalities of treatment than simply one-to-one casework by social workers or psychiatrists.

We will discuss briefly the lay therapist group, the Families Anonymous or parents anonymous groups, crisis nursery, day care, homemakers, et cetera, and finally we will end up with a word about community approaches and the costs of these projects, and we will come up with a proposal for a national strategy which we think is now lacking. This simply opens the dialog.

To begin this, let me tell you that when a child comes into our hospital or the General Hospital or Children's Hospital, usually a certain number of things happen. If I may, I will now show you some slides.

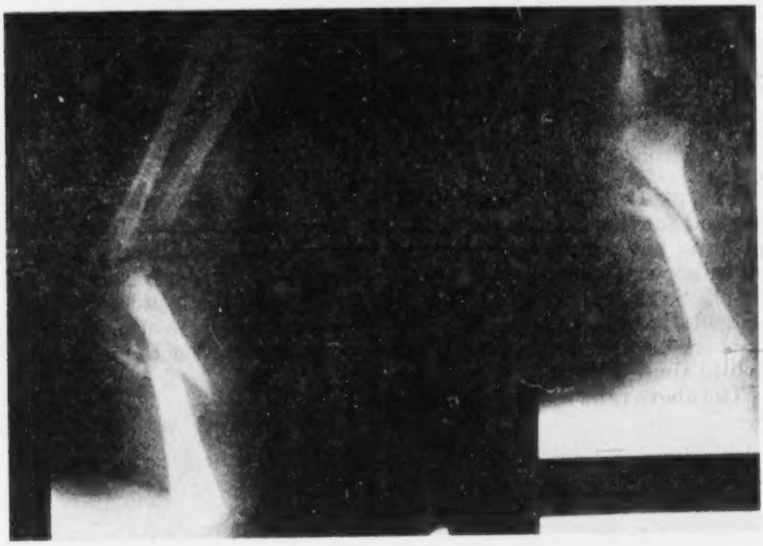
Senator Mondale, Senator Randolph, and Congresswoman Schroeder, will you take the seats at the end in order that you may be able to see.

I just want to show you in a hospital setting—a medium-sized hospital—what kind of diagnosis of disease might be made and how child abuse fits into it. Cases of child abuse severe enough to require hospitalization, include 42 cases a year of "failure to thrive" due to insufficient mothering, insufficient food, insufficient love, failure to thrive 37. There are several cases that account for 50 percent of failure to thrive; the other 50 percent are insufficient parenting of one sort or another. The passive form of child abuse is very important, indeed.

[The above referred to slide follows:]

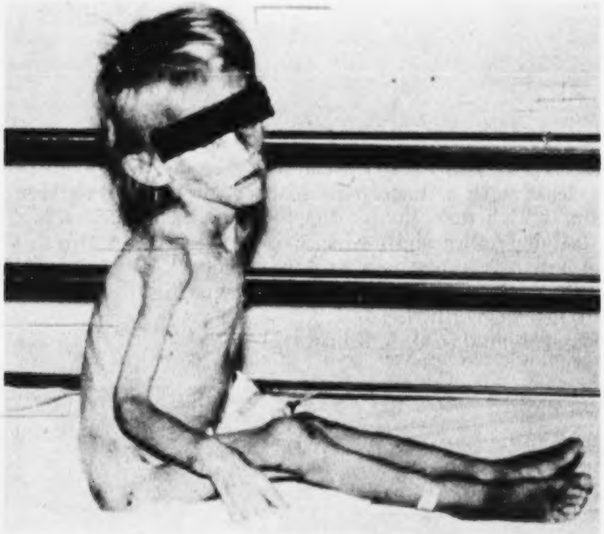
Next slide. This [indicating] is the first measure of the doctor's concern. This deals with a discrepant history, or the story given by the child minder which does not fit the findings. His story was that the child had fallen from a chair to a carpeted floor. But this is a spiro-fracture. A spiro-fracture is a twisted fracture. It can only be sustained by taking the arm of the child and twisting it. This known fact makes the diagnosis right there.

[The above referred to slide follows:]



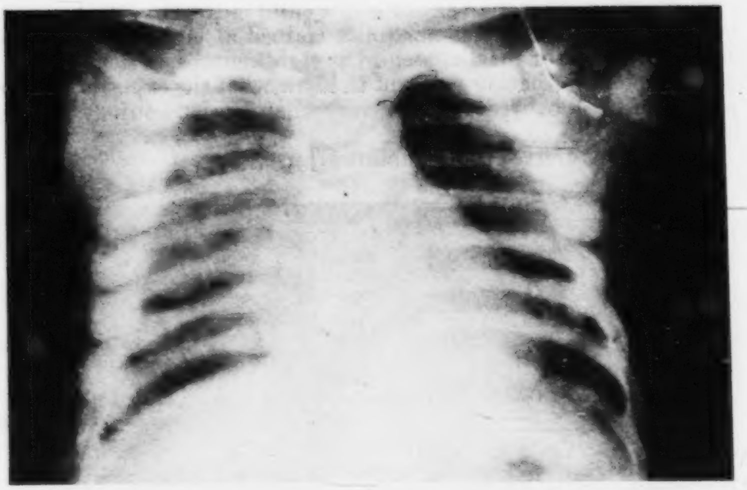
Next slide, please. This is an example that illustrates a child who should be on a weight curve. We think every American child deserves a weight curve and reading every 3 or 4 months to see that it is on its curve. His head size is on the right curve, so this is a great way to pick up trouble. This child should be on this wide lower line [indicating], taken in the hospital. No child should thrive in a hospital; it is the wrong place for a child to thrive. If a child thrives in a hospital, then there must be something drastically wrong in the home. The child is sent home and nothing happened again. He was put back in the hospital and thrived again very dramatically in a short time and was once again sent home. This is a failure case to show you it should never, never have happened.

[The above referred to slide follows:]



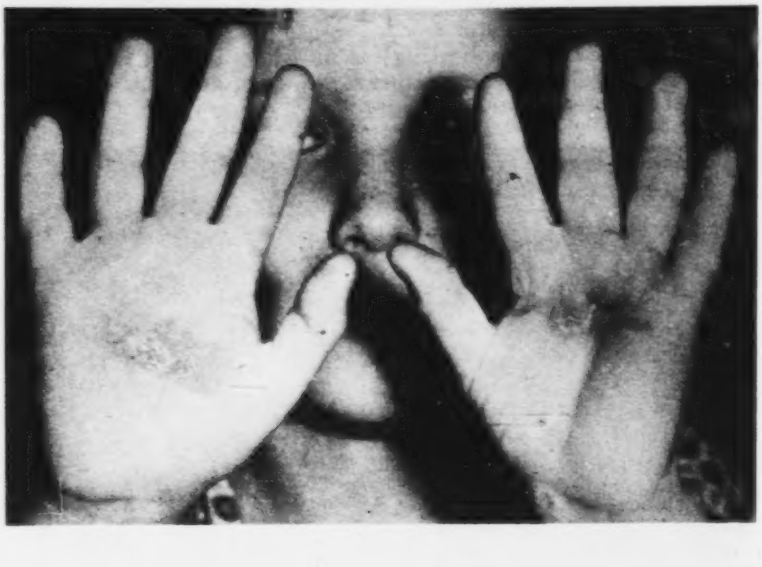
Next, please. This X-ray was taken of a child who cried all night long and for that reason had an X-ray for pneumonia, which the child did have, but accidentally we found the ribs broken 3 weeks earlier, and subsequent surgery on the rest of the child showed a fresh fracture as well. So the child crying, that was a trigger of the injury, and then accidentally by taking the X-ray of the chest there were other injuries discovered, so there is a bit of detective work here, but the gray area of child abuse is big.

[The above referred to slide follows:]



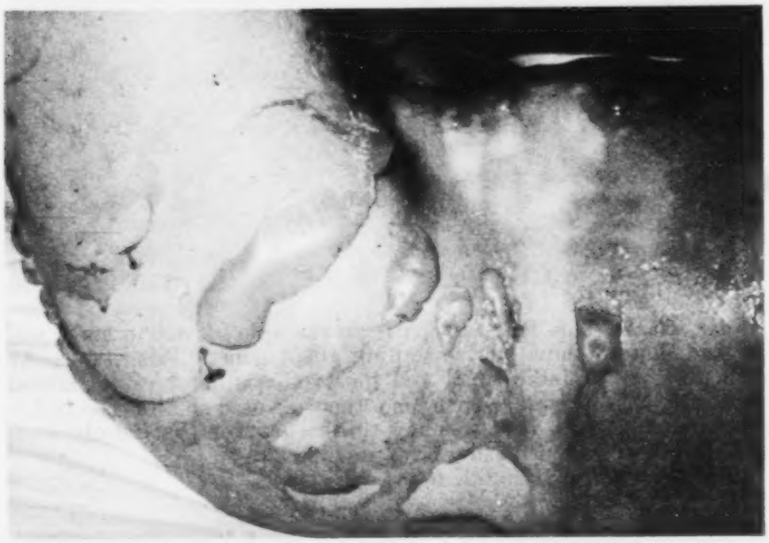
Next, please. This [indicating] is an example of, not to make you feel bad, but to show you something about genetic inheritance. At birth, this boy's [indicating] and his brother's hands were burned identically with a lighter which his father had used on him. The father showed me his scars. That was how this occurred in that family, even with the same instrument, so they would match his.

[The above referred to slide follows:]



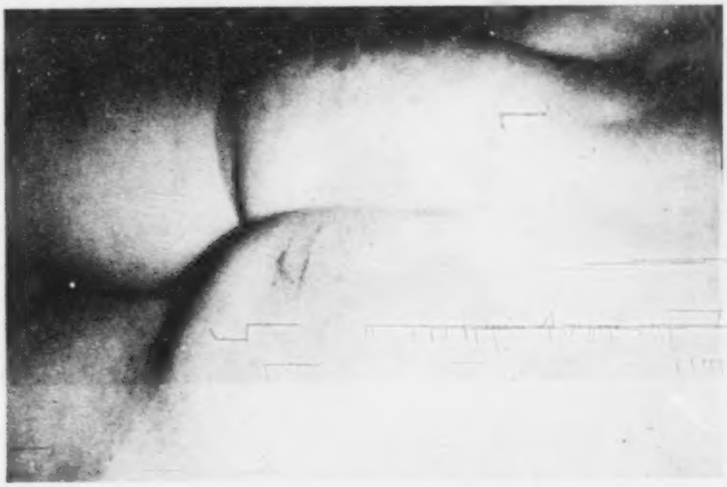
Next, please. This is an example of a child burned by immersion into hot water because he was not toilet trained at eight months of age. The expectation of that, of a child at eight months, is sick. Therefore in our history gathering we want to know what the expectation of the family is of a baby. This is a very characteristic injury but very limited.

[The above referred to slide follows:]



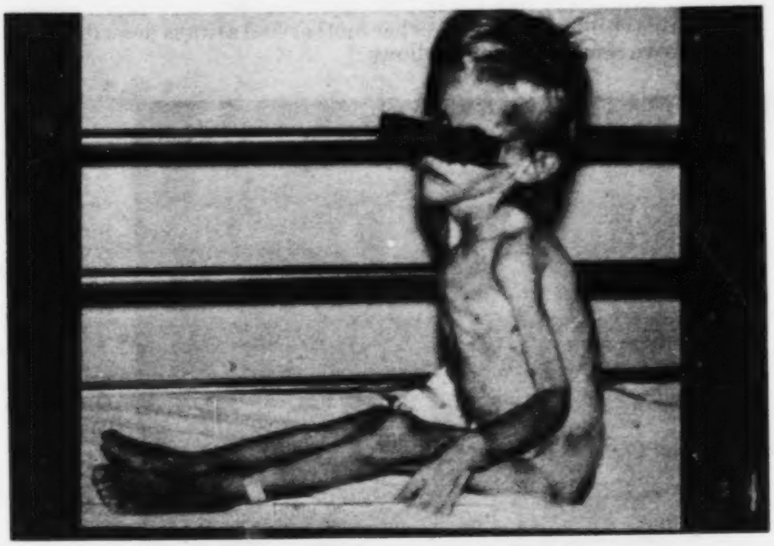
Next, please. Here [indicating] is an example of a child being bruised because he had wet the diaper at the age of 3 months.

[The above referred to slide follows:]



Next, please. This is again an example of totally unrealistic expectation of parents. This child had been undernourished for 3½ years, weighed about half what he should weigh.

[The above referred to slide follows:]



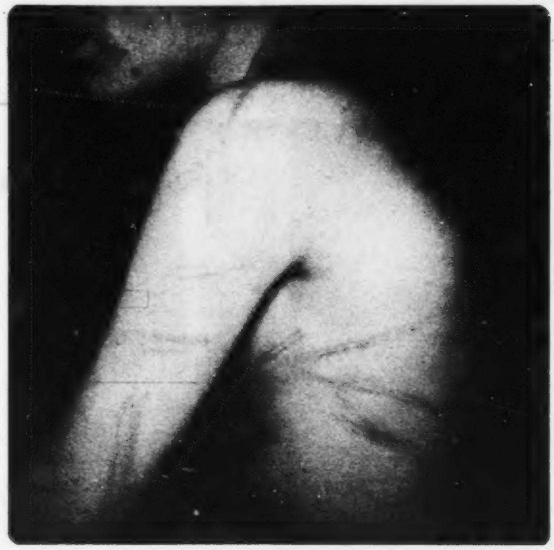
Next, please. I want to show you a picture of her brothers and sisters. This is an example of another feature of scapegoat child. One child ~~was~~ singled out as bad, ornery, and the others accepted positively. There is no hope for this situation. Relinquishment through the courts is the only way to solve it.

[The above referred to slide follows:]

To end on a happy note, I would like to show you the same child on the next slide; she was then placed for adoption. After relinquishment the adoption has gone well and no subsequent child in the family has been scapegoated. The mother was relieved enormously. It is very difficult to have somebody understand that she truly hated this child, whom, she said, "was like I was." She said that she very much identified with this child a scapegoat, as her mother had always described her.

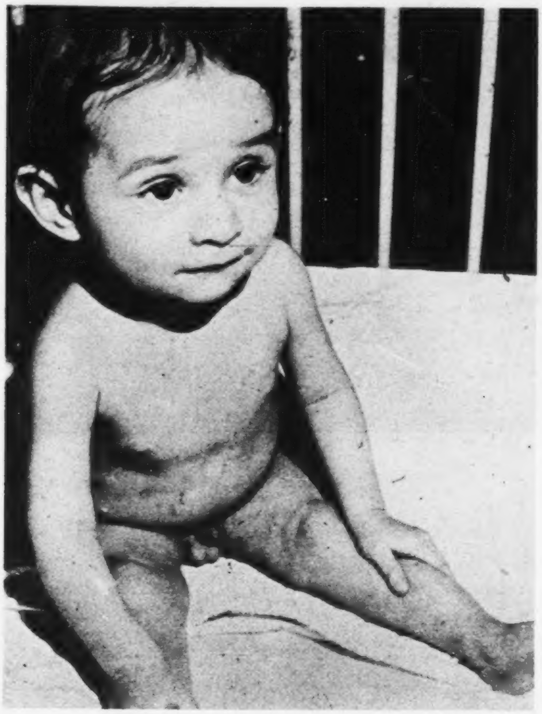
[The above referred to slide follows:]

Next, please. This child shows the use of a razor belt on the back
[The above referred to slide follows:]



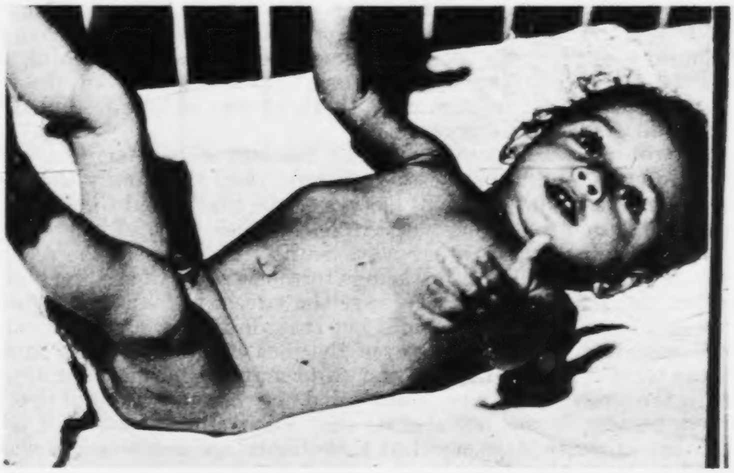
Next, please. I show you this child because he has a knowing look of an older person. This is a tiny child, 18 months of age, but he looks like an old man. These children very early are very wise; they read their mother's face like a book. It is their ticket of survival. These children have to be very adult, very mature, at a very early age is well shown in this picture, as in the next one.

[The above referred to slide follows:]



The next picture shows the child with his arms put up, made put them up and made keep them like that [indicating]. An ordinary child would have them down in 2 seconds flat. This child a half hour later was in exactly the same position. This is a kind of sick behavior on the part of a child that would show clearly things are not going well at home.

[The above referred to slide follows:]



I would now like to introduce Joy Chandler, who will talk about the role of the child protection team.

Senator **Mondale**. I would ask the staff to be sure the record includes these slides. I think they ought to be a part of the record.

Dr. Kempe, you sort of run the show today.

Dr. **Kempe**. All right.

Senator **Randolph**. Dr. Kempe, I read your paper yesterday and I read it again coming out on the plane. There was one point that I did not find covered and perhaps it is not even an important point, but is child abuse more prevalent in a family where there is one child or where there are several children?

Dr. KEMPE. There are a number of studies on this, Senator. We have problems with these studies for the following reasons. If you study child abuse in the city of Philadelphia the mass in terms of color, for example, will be very much black and if you study child abuse in Salt Lake City the majority will be Mormons and if you study it in the Army reservation they will be Army. If you see a highly employed population, the majority of the batterers will be wives. If you have an unemployed population, with many unemployed, the father doing the child-minding while the wife is working, the majority of the sex abuses, 50–50, will be fathers. Now, that's by way of background. The population makes a difference.

If you deal with a population that has lots of big families, then virtually every child abuse case will come from the family that has more than one child. That will be true of the blacks and the Chicano families. If you are dealing with Anglo families, some of whom have only one child, it is the other way. So not infrequently the second pregnancy, a not-wanted child, brings forth the abuse of the first child. Because there are families who have the esteem to manage for each other and marriage and one child but they do not have enough emotional reserve to take care of even the idea of another child much less the other child. Either the first child may get hurt in that situation or the second child who is unwanted may become the child that is abused, because it was not a child that was wanted, because it is a child that in many ways wrecked a fine marriage and wrecked what seemed to be at that time a going good family.

Senator RANDOLPH. Do your studies show rural populations just as you group the city population?

Dr. KEMPE. Yes. This reporting is all we have to go by, for New York City is 285 per million population per year. Vermont, New Hampshire, is the same.

It is quite interesting to us, there seems to be so little difference between New Hampshire and New York City.

Now look at your sheet that lists the principal intake worker, the child protection team, that is, the first the child comes in the hospital, worked up, we then have a meeting involving pediatricians, psychiatrists, social workers, coordinators, and Joy Chandler can speak for all of us.

[The information supplied by Dr. C. Henry Kempe follows:]

POSITION PAPER FOR HEARINGS OF THE SUBCOMMITTEE ON CHILDREN AND YOUTH OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,

UNITED STATES SENATE, MARCH 31, 1973, DENVER, COLORADO

CHILD ABUSE (THE BATTERED CHILD SYNDROME)

C. Henry Kempe, M.D.
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Department of Pediatrics
University of Colorado Medical Center
Director, National Center for
Prevention of Child Abuse and Neglect
Denver, Colorado

INTRODUCTION

For at least a hundred years, a great number of Americans have been concerned with the problems of abused and severely neglected children who, for one reason or another, are receiving less than "reasonable care and protection." During the past ten years, all fifty states have enacted child abuse reporting laws which, with very little variation, require physicians and often nurses, teachers, and social workers to report either to the protective service department of the county welfare department, or to the police, incidents of suspected child abuse or serious neglect. Moreover, in some states, such reports can be made by any citizen. Reports often are received by protective service departments from neighbors, friends, and relatives of abusive parents. The current level of reported cases of suspected child abuse is surprisingly uniform between urban and rural America and stands in 1972 at 380 per million population per year. This means that a total of 60,000 children are reported each year to the authorities as being suspected of being in need of protection by society. In addition, a number of studies have shown that approximately 10% of all trauma seen in emergency rooms in children under the age of 3 is due to inflicted rather than accidental trauma. Other studies suggest that 30% of all fractures seen in children under 2 years of age are inflicted.

DEFINITION

For the past hundred years, the concept of what constitutes "reasonable care and protection" has gradually evolved. Since the beginning of recorded history, and in some parts of the world to this day, children are considered as the true property (chattel) of the parents. This was the case in the United States until approximately 100 years ago. Parents literally had life and death rights over their children and could dispose of them at will. Children were regarded as property by a concept which made sense in a rural society where the number of participating workers in a family greatly enhanced the economic well-being of the group. During the past 100 years, on the other hand, the rights of children increasingly have come to the fore, and now, in a free and civilized setting, the child is considered to belong to himself, in care of his parents. In a totalitarian setting, the child is thought to belong to the state, in care of the parents. The degree of interest totalitarian states take in the well-being of the child makes the point, in a very real sense, that the child is state property and may not be damaged by anyone.

The most severe form of child abuse is seen in the battered child syndrome. The syndrome lies at one extreme of a spectrum of insufficient care and protection. The term, the battered child syndrome, is used by us to characterize a clinical condition in young children who have received significant physical abuse, generally from a parent or foster parent. Different, and less lethal forms of child abuse include those in which injuries are repeated but not serious, instances of "failure to thrive" due to insufficient love or nutrition, cases of sexual abuse, emotional and social deprivation, and, finally, that most difficult of situations where there is an absence of love, of nurturing affection on the part of the parents, but at a level which is not sufficient to result in demonstrable physical or marked emotional retardation. A strictly legal definition of child abuse is "where a child under the age of 16 is suffering from serious physical injury or abuse inflicted upon him by other than accidental means or suffering harm by reason of neglect, malnutrition, or sexual abuse, goes without necessary and basic physical care, including medical and dental care, or is growing up under conditions which threaten the physical and emotional survival of the child."

The above definitions focus on the symptom rather than the underlying pathology. In a study of over 1,000 abusive or seriously neglecting families, we have come to learn that deliberate, premeditated and willful abuse, the old fashioned "cruelty to children," accounts for only 5% of the entire group. These injuries are caused by aggressive sociopaths who are sufficiently pathological to make it unlikely that a change in their personality would be produced through psychiatric intervention. In another 5%, one or the other of the parents is suffering from delusional schizophrenia, and the child is often part of the delusional system to its great peril. The prognosis for ever establishing a reasonable parent/child relationship is again very poor.

The remaining 90% of abusive parents would appear to belong to a great variety of personality types and no one psychiatric definition fits them all. They resemble others in their personality make-up except as it relates to their own childhood experiences. The vast majority of these parents are severely deprived individuals who, in their early infancy, had very little nurturing love from their parents. Parenting, or as the term is used more commonly, "mothering," is a quality of giving to a defenseless small infant, virtually without limits, to fulfill whatever needs the child has. The child can, reliably, count on being comforted, nurtured, cared for, and its cries are interpreted as expressing some basic needs. On the other hand, abusive parents, as a rule, have, from their earliest childhood, been exploited by their parents, had to conform to rigorous standards of behavior, and almost invariably had to provide a great deal of support and service for their parents. In short, they lacked the usual "ordinary" childhood which is made up of a great deal of early dependency followed by gradual emancipation. Individuals who have missed such mothering experiences in early childhood become distrustful of their own good qualities, come to feel that they are inferior and "no good" and deserve to be punished while continuing to hope that at some time a loving relationship will come their way. They often have chances for such a relationship through their teachers or their early friendships, but they tend to miss out on these, and the yearning is not fulfilled. They often marry at a young age in the hope of gaining such love and support from their spouses. If they are fortunate and marry someone who is warm, giving, and "mothering" all is well and they are emotionally reconstituted even though it is relatively late in their lives. Unfortunately, in most cases they tend to marry someone similarly deprived and continue to be two very needy individuals who cling to each other like non-swimmers whose struggling together often results in both of them drowning. For battering to occur, four factors are usually present: (1) Both parents, regardless of financial or social status, are themselves deprived individuals; (2) They see a given child in a very special, unrealistic way. They tend to see the baby as demanding, unattractive, willful, spoiled and not living up to their standards. Often, other children in the family are seen quite normally; (3) A crisis, such as loss of job, an unwanted pregnancy, prolonged crying, has suddenly developed. Intractable crying is interpreted as being accusatory rather than as a sign that the parents need to attempt to satisfy some need of the child. The parents feel the child is saying, "if you were a good mother or father, I wouldn't be crying like this." Often, these parents desire to be very good parents and to have a very loving relationship with the child. But the supposed rejection on the part of the child results in increased parental anger and frustration when they feel, once more, that someone they love has failed them; (4) There is generally no lifeline or rescue operation available to the parents' life. That is, they have no close friends, relatives, or neighbors whom they can readily ask for help in moments of stress. This is true despite the fact that they may live among a variety of people who would be quite willing to help. It is true that truly "unwanted" children are at greater risk, but even with available abortion and the elimination of most unwanted children, the number of abused children would only be decreased by approximately one half. This portion is comprised mainly of those infants who are very much wanted by parents who hope to receive all the love and affection from the child that they never received from their own parents or from each other. No child can live up to the expectations of these very dependent and needy adults, although some children, almost by intuition, sense that in moments of crisis they must "take care of mother," and learn to read the parent's face, so that the child, despite his youth, can provide the rescue or lifeline for the parent which will ease the tension and might result in the saving of the child's life.

THE PROBLEM

In a totalitarian society, where the child's health is a particular concern of the state, universal access to the child from the prenatal period until adult life is insured by compulsory ~~attendance at prenatal~~ and postnatal clinics, nursery schools, and rigid supervision of the child's health care, including nutritional support, developmental evaluation, immunizations, and close and compulsory attention to physical and emotional growth and development. This degree of supervision is also possible in a free, though closed society, such as a kibbutz settlement in Israel, where children, from birth on, are in a community-oriented setting in which the role of the natural parents is deliberately downgraded with the result that all children are, to a certain extent, considered to belong to all members of the settlement. In our country, on the other hand, the child is essentially a prisoner in his home until he reaches school age. American law demands that parents, at the risk of imprisonment, must present their child to specifically licensed places of education at the age of six years. But we have not yet devised ways in which the child is brought into society before the age of six to insure his basic physical and emotional survival, to say nothing of his optimal development.

It is an interesting paradox that, within the American legal system, we have a precedent of premarital blood examinations of both partners to detect syphilis so as to prevent the scourge of congenital syphilis; without seeking specific permission, and as a compulsory health measure under the laws of all fifty states, we instill silver nitrate into the eyes of newborn infants to prevent gonorrhea; and, in some states, we require the administration of measles and poliomyelitis vaccines. On the other hand, we do not provide basic health screening for possible child abuse and other disturbances in the child under six years of age. It is only after the child is in school that trained observers such as the school nurse and the teacher have numerous opportunities to assess the child's physical and emotional status.

THE DIAGNOSIS

Child abuse is diagnosed most often when the child is found to have some suspicious injury. Frequently, a physician may have observed a child who is not thriving during the first year of life and he may hospitalize the child for diagnosis. Although there are well over 300 known causes for "failure to thrive" in infancy, about half of the children who fail to thrive do so because they have received insufficient calories and/or "love," the latter being expressed by cuddling, stimulation, etc. Alternately, the physician may find a child who has one or more fractures, which, on x-ray examination are shown to be in different stages of healing, indicating that the child undoubtedly suffered from more than one episode of trauma, or he may discover a head injury, bite marks, unusual burns, or injuries around the mouth where the bottle was forced or a crying mouth was hit. In many of these instances, the physician is impressed by the truly sincere concern of the parents for their injured child. But there may be a number of crucial points in the history which should make him pause before accepting the parents' explanation for a truly accidental injury: (1) In cases of child abuse and injury, there may be a delay between the time the injury actually occurred and the time that help is sought. This may be due either to true amnesia for the attack upon the child with a subconscious hope that denial may make the event disappear, or it may be an expression of fear of discovery with its resultant social and criminal implications; (2) The history given is often discrepant, with the physical and x-ray findings simply not fitting the story of the injury. Often the parent gives three or four different stories, or a history of trauma may be denied despite obvious injuries; (3) A history may be elicited of previous accidents, or attendance at more than one physician's office or hospital; (4) The parent's reaction to suggested medical assistance may be inappropriate; they may refuse hospitalization despite the doctor's advice.

, Doctors have, for years, talked about doubtful cases of child abuse (called the "gray area"). This certainly was a serious problem ten years ago when little was known about the total picture, but pediatricians, orthopedists, neurosurgeons, radiologists and general practitioners who work in accident rooms now are much more sophisticated in interpreting the findings in child abuse cases. If the physician takes into account (1) the extended history which includes substantive knowledge about the rearing practices used in raising the parents, (2) some appreciation of the way the parents see the child, (3) the presence or absence of a precipitating crisis such as intractable crying, an unwanted new pregnancy, loss of a job, etc., and (4) the presence of marked isolation and the absence of a lifeline, the old "gray area" of child abuse has become very small indeed. No more than two per cent of all suspected cases of child abuse are now in substantive doubt by the time the juvenile court judge hears the civil case of dependency.

Many physicians find it emotionally impossible to face the diagnosis of severe abuse or child battering and prefer to use a neutral hospital or other physician less involved with the family as the means of bringing the child to the attention of society. In New York City, for example, there were over 7,000 written reports of suspected cases of child abuse in 1972; only eight came from private physicians with the rest being reported from hospitals and other sources such as the protective service department of the departments of welfare, neighbors, relatives, teachers and public health nurses. Occasionally the police will be the primary case finding source.

AMERICAN SOCIETY'S RESPONSE TO REPORTS OF CHILD ABUSE

The reporting laws on child abuse do nothing more than provide an official vehicle for bringing the abused and neglected child to the official attention of society. Reporting the case does not, in itself, result in any benefit to the child and society unless proper follow-up procedures are instituted. Ideally, the official report should be evaluated by capable personnel such as social workers or psychiatrists in a proficient child protective unit of the county welfare department. The nature and degree of evaluation often depends on whether sufficiently adequate intervention, including evaluation of the family, is a policy of the agency and is acceptable in that community. A protective service department may be intimidated by its employers, the elected or appointed administrators, by a hostile juvenile court judge, or may be made ineffectual by frequent turnover of intake workers or a case load too great to manage competently. If the protective service agency decides that the child is at significant risk and that simple counseling at a relatively superficial level will not suffice, mechanisms exist in all states for further action. Criminal proceedings can be brought by the district attorney for an injury thought to be of sufficient severity to cause serious bodily harm or even death. Not infrequently, the district attorney may be ready to take action but yields to the welfare-department, at least for a time, before initiating a second venue of presentation of a dependency petition to the juvenile court alleging that the child is not receiving "reasonable care and protection." Until recently, these two judicial procedures required identical degrees of proof in order to sustain the charge. In criminal cases, presumption of innocence exists, as does the need for "proof beyond a reasonable doubt;" these are very desirable safeguards. On the other hand, in a civil case before the juvenile court involving the question of dependency, many states have now lowered the required degree of legal proof to one requiring "preponderance of evidence" only. In fact, the burden for exact explanation for the child's injuries does no longer lie upon the reporting physician but rather upon the parents. In some instances, "res ipsa loquitur," (the case speaks for itself), suffices, particularly if the nature of the injury is so evident that the court does not require eye witnesses, a confession or "proof beyond a reasonable doubt." The court may then find that the child is a dependent in need of supervision.

In a dependency hearing, there is no accused person. The court may merely conclude that the child is in need of care and protection; that the home is not safe, or that insufficient care is being exercised by those responsible for caring for the child. Two states, New York and Colorado, require that a guardian ad litem be appointed for such children. It is the duty of the guardian to present to the court information as to the true nature of the family situation, including the psychiatric status of both parents in order to allow the court to make a wise decision for the disposition of the child. If the dependency petition is sustained, the court makes a decision as to disposition. The judge can either make the child a ward of the state and send it home, applying certain safeguards, or he can place the child in foster care for a time until there has been a substantive change in the family. He can terminate parental rights if he feels that there is simply no chance of the parent/child relationship ever becoming tolerable. In the truest sense, therefore, the dependency petition with a decision by a judge is the only instance where a final definition of child abuse and neglect is made. The definition of child abuse and neglect is not what the doctor thinks it should be, or what the social worker thinks it is, but is actually what the court says it is. The court is, of course, influenced by the public, and its definition will change from time to time and may be different in differing localities, based on the emotional climate of the citizenry in that area.

Where it is considered that the child belongs to the parents, judges are reluctant to intervene into the sacred parent/child relationship. To the extent that the citizenry feels that the child has very substantive rights to reasonable care and protection of its own, judges will be activists in functioning as parens patriae. Thus, the challenge to parental authority occurs when someone in authority decides to bring the child to the court's attention. The intervention by society becomes most pertinent when the court hears the case. It can be said that parental rights are challenged with reluctance in most jurisdictions because of the widely held traditional concept of parental supremacy in child raising and the great leeway allowed by the courts in the styles and methods of child raising. More recently, on the other hand, once the child's case is heard by the court, judicial intervention occurs more readily because judges increasingly feel that they must concern themselves with the rights of the child and hope to prevent a disaster which would reflect upon the court's more lenient decision should repeated injury or even death occur while the child is a ward of the state. Without malice, many welfare departments and judges conspire to have the fewest number of children heard in juvenile court, although the usual reason given is that it is better to work voluntarily with abusive parents than to put them in a threatening and difficult situation in juvenile court, particularly if the first injuries are not thought to be life-threatening.

METHODS OF TREATMENT

There is little evidence that parent therapy is helpful in the 10% of abusive parents who belong to the categories of aggressive sociopaths or delusional schizophrenias and in those who scapegoat a single child, particularly if the child remains in the family, and many disasters have occurred when these kinds of parents have been treated while the child has been left in the home. In these cases, we tend to urge early termination of parental rights and adoption of these children is then possible. The other 90% of abusive parents are readily treatable by reconstituting their sense of trust and by giving them considerable minute-to-minute support over a crucial period of eight to nine months. There are four treatment modalities used by us: (1) lay therapists, (2) Families Anonymous, (3) a crisis nursery, and (4) a therapeutic day care center. Lay therapists are individuals, both men and women, who have experienced warm and affectionate mothering in their own childhoods and have subsequently been successful parents. Lay therapists are mature persons, generous of spirit, and willing to "mother" a very needy family by providing emotional support, patient listening, a day and night telephone "lifeline" for moments of crisis and stress. They will spend a great deal of time with the abusive family over this period of eight to nine months. Families Anonymous is the name given a group of abusive parents who meet together once or twice a week and, in a group setting, begin to appreciate the fact that they are not alone in their explosive behavior and that they can derive a great deal of help from each other. The movement is modeled on "Alcoholics Anonymous" and has some of the same qualities of group interaction. The crisis nursery is used at any time, day or night, and with no questions asked, for those moments of crisis or stress when the child can be quickly removed to a place of safety. The child can remain in the crisis nursery for a few hours or a few days until the crisis is over; this method is regarded as a backup to the other treatment modalities. The day care center is a place where abusive parents can see their children vis-a-vis other children and where they can interchange feelings and experiences with other parents who are managing satisfactorily in working out their difficulties. In those cases where the abused child has been in foster care for a period of time, a method, which is, incidentally, one we favor, the court then has to answer the question, "is it safe to let the child return home?" As long as the child remains a ward of the state, the child may safely be returned to its home if (1) the parents have gained a better self-image of themselves through the process of having made some friends and having shown that they are reaching out somewhat to society; (2) if they show that they are seeing the child in a positive way, as judged by their comments made during trial visits to the home; (3) when they have learned to use lifelines in moments of crisis other than the lay therapists; and (4) they have successfully managed a few crises by themselves. In cases where these conditions have been met, no child under our care has been re-injured. The goals of treatment are modest. These parents are so damaged that they are unlikely ever to be generous, wholesome, mature individuals. On the other hand, they still can grow enormously with the kind of treatment described. Specifically contraindicated in treatment is the kind of "insight therapy" which has traditionally been the hallmark of orthodox social case work. Very few of these parents can tolerate much insight, at least early in therapy; if they truly appreciate how deprived their own childhood had been they become intensely depressed and often suicidal. Conversely, with a very supportive, loving adult figure in their lives, these parents tend to grow emotionally to a surprising extent and in a reasonable period of time. Within eight months, 80% of our families have their children back in their home permanently, 10% require more time, and in 10% we urge termination of parental rights at an earlier date.

PREDICTIVE STUDIES

Studies are underway to learn whether it is possible to predict parents at risk of child abuse. There is nothing exact about successful parenting and, happily, the symbiotic relationship between child and parents, which is mutually nurturing, generally does occur successfully. In those situations where deficiencies in mature affection on the part of the parents does exist, it is often made up by other members of an extended family, close friends, or by the occasional child who seems to have a great degree of inner strength and can get by with very litte. In other situations, supplemental mothering through outside agencies and early nursery experiences including day care centers, mother's groups, etc. need to be brought into play. Clearly, prevention is far better than inadequate cure, and the attention now focused almost exclusively on the management and disposition of families in which abuse has already taken place should be funneled, at least in part, toward predicting and preventing child abuse from occurring in the first place. A number of predictive studies are currently underway, and there is reason to believe that it will be possible to identify parents at risk in the prenatal period, during the first hour of mother/child interaction, and in the early postnatal period. Once a risk family is identified, it is possible to begin active intervention through the utilization of well-accepted supportive health contacts such as visiting nurses, frequent well-baby visits, phone calls from a sympathetic physician, and mobilization of family resources and friends. Studies to test the value of this method of management are currently underway.

CONCLUSIONS

Society has worked out a way to manage failure in marriage; it is called divorce. We should be prepared to accept failures in totally unregulated, random parenthood by permitting, without social stigma, either voluntary or involuntary termination of parental rights for children from those parents who cannot, for one reason or another, give them the minimal physical and emotional support they deserve. Termination of parental rights should become a highly acceptable method of managing parenting failure when adequate diagnostic evaluation suggests that no other method of treatment will succeed.

RECOMMENDATIONS

(1) UNIVERSAL CHILD HEALTH SUPERVISION

Fundamental to all of our recommendations is the concept that the child belongs to himself and is only in the care of his parents; that he is entitled to the full protection of the Constitution and its amendments; and that the citizenry at large has a substantive involvement with the nurturing of all our children. There are four sayings which interfere with progress in this difficult field. They are: "Spare the Rod and Spoil the Child" (he that spareth the rod hateth his son; Old Testament, Proverbs xiii,24), "Blood is Thicker than Water" (John Ray, English Proverbs, 1670), "A Man's House is His Castle" (Sir Edward Coke, Institutes Pt. iii, p.162, 1690), "Mid Pleasures and Palaces though We May Roam, Be it Ever so Humble, There is No Place Like Home" (John Howard Payne, 1823). In one way or another community concepts and, therefore, judicial concepts, have been blighted by these homilies since they tend to sanctify the home even when it is an undesirable environment for the child. In order to insure each child's basic rights, society must have access to the child from birth until school age, the most critical time of child development. This is best done, in our opinion, through implementation of the concept of universal health supervision in the broadest sense. This is best done through regular well baby care by the family physician. But 20% of our children fail to receive such care.

We suggest that a health visitor call at intervals during the first months of life upon each young family and that she become, as it were, the guardian who would see to it that each infant is receiving his basic health rights. This plan has a successful precedent in Scotland and other free countries. Health visitors work well with the family physician or with public clinics. The system must be equalitarian rather than being directed just towards the poor. It must be recognized as being helpful and supportive to the entire family, and it must broaden the specific role that various helping professions see themselves filling. There is no reason why a social worker with some additional training in basic health parameters involving physical and emotional growth and development cannot be a health supervisor, just as there is no barrier to a public health nurse functioning as an understanding personal advisor in matters not directly concerned with physical health. All helping professions, including physicians, teachers, social workers, nurses and the new category health visitors not yet on the scene must broaden their professional roles so they can serve in this preventive screening capacity. Providing the means for regular health supervision will insure a setting which will permit parents to verbalize their frustration and difficulties, will lead to utilization of additional helping individuals when needed, and will provide a screening tool which will provide an additional safeguard in the life of each American child to prevent injury from occurring before society traditionally has had a chance to notice what is happening to the child. It is my view that the concept of the utilization of health visitors would be widely accepted in this country. Health visitors need not have nursing training, and intelligent, successful mothers and fathers could be readily prepared for this task at little cost. It might be possible for the family who obtains universal infant health evaluation to receive an additional benefit, such as a federal income tax deduction, if they show proof that regular health supervision is being obtained. This would be a tangible, fiscal asset to each family which would hasten acceptance of the concept by the public. In those areas where it is not practical to have health visitors, health stations could be established in neighborhood fire houses. These, too, would be likely to be seen as a helping rather than a threatening place. We could train firemen to provide health screening to infants, without requiring new manpower; it would also give the interested firemen something very worthwhile to do when they were not fighting fires. Health stations could, alternately, be placed into all our grammar schools, staffed by school nurses who would back up the health visitors. Appendix I contains the basic screening tools needed.

(2) PROTECTIVE SERVICES AND LAW GUARDIANS

(a) Once child abuse has been reported by anyone, (including by ordinary citizens), protective service departments must be vigorous in providing an adequate professional evaluation of the family situation. If the parents are not willing to cooperate in this evaluation, the juvenile court should be brought into play at once and a legal guardian appointed at an early date to represent the child who cannot speak for himself. In some jurisdictions, police women do an excellent job of early evaluation in a tactful and unthreatening way which does, however, provide the kind of substantive information which is often not made available to social workers who may feel insecure about their role in asking people to defend the quality of their parenting.

(b) When a child abuse report has been filed, no protective department should be free to ignore the report without taking substantive action. I suggest that a committee of three, representing the protective services department, the juvenile court, and the county medical society, should join in reviewing all such reports and the request of any one member of the committee should make it incumbent upon the juvenile court to hear the case. Agreement of all three could still permit the extra-legal venue of treatment within the welfare department and, therefore, outside of the jurisdiction of society. It should be stressed that many protective service departments feel that the juvenile court is a place of last resort, and, indeed, many juvenile court judges agree. On the other hand, the child lacks adequate legal protection if its future is determined by a single caseworker, who might be inexperienced, and may wrongly decide that she can manage things without bringing to bear the forces of society on the family pathology. Since the child has no part in this decision, the system should require greater safeguards for him. It is proposed that in every case of child abuse a lawyer be nominated by the court to protect the child's interests. (See Appendix II).

It should be pointed out that the Due Process Clause of the 14th Amendment and the rights it represents are not rights for adults alone (In Re Gault, 87 S.Ct. 1428, 1967). It is suggested that the case of In Re Gault provides some precedent and some parallels which should be noted in regard to this proposal. The Gault decision was based on facts resulting in a proceeding to determine Delinquency but we believe the pivotal principle underlying that case and our proposal to be the same. The court in Gault was desirous of protecting the juvenile's Constitutional rights to life and freedom. To accomplish these aims, the court reported that

> ". . . the juvenile needs the assistance of

> counsel to cope with the problems of the law, to make a skilled inquiry into the facts, to insist on the regularity of the proceeding. . ." page 1448.

We suggest that cases involving child abuse present similar if not greater freedoms to be protected. Few would contend that the potential danger to a child's right to freedom and life is less in situations involving the adjudication of delinquency than in an abusive family situation (indeed, the child's very life may be in danger, and therefore, every dependency case may be a capital case). It is for this reason that we contend that the juvenile in cases of suspected abuse requires the assistance of counsel to:

> "cope with the problems of the law, to make a skilled inquiry into the facts, and to insist on the regularity of the proceeding."

On the level of state law we recommend that a county committee of three should review such reports before presentation to the juvenile court for hearing.

(3) NATIONAL REGISTRY

A national computerized child abuse report registry should be available. The high mobility of abusive parents makes it essential that any physician be able to ascertain whether a given child (as identified by his name, birthdate and social security number), is listed in a national registry. In this way, it will be possible to discover if a child has experienced repeated injuries, thus increasing the likelihood that a correct diagnosis of child abuse is made.

(4) INTERIM FOSTER CARE

There is a pressing need for the development of a network of adequate foster homes for interim placement of children while parents receive help from lay therapists and Families Anonymous groups. Temporary separation is not meant to be a punitive action and it is not carried out solely for the child and against the parent; rather, it is for the family. To produce a significant change in a family, as seems highly possible in 90% of cases, a period of foster care placement should be seen as a temporary measure to help decrease pressure and to minimize crises while parents are learning how to cope with their problems. The role of being a foster parent should be seen as a highly esteemed one. It would be useful if this had Presidential support. For example, a particular Sunday might be designated when ministers in all churches would preach on the social desirability of foster parenting. Furthermore, financial return for foster parenting should be increased to make it possible for people with marginal means, a group now practically excluded, to be foster parents.

(5) INNOVATIVE TREATMENT MODALITIES

It is very clear that, with a few exceptions, the departments of social service in the area states are not able to perform the task of preventing or treating the problems of child abuse and neglect. It is impossible to approach a multi-disciplinary problem with a single-discipline service unit. This is true whether the service unit be in social services, medicine, juvenile courts or law enforcement. We must develop a multi-disciplinary service unit which can cut across many of the traditions and unworkable rules and regulations that are built into most protective service departments.

New and broader therapeutic modalities must be available to protective service departments. Traditionally, social case work has been the tool of social workers in welfare departments. Many workers in the field of protective services soon discovered that orthodox case work methods are unsuitable and contraindicated for abusive parents. A great deal of intensive personal commitment of a highly unprofessional kind is far more effective. However, the emotional wear and tear of serving battering parents make it difficult for most of us to take on the management of more than one or two such families at a time. Social workers should serve as consultants to lay therapists who will do the day-to-day and night-to-night work on a one-to-one basis. This will in no way diminish the rights and obligations of protective service departments, rather, it will allow them to function more effectively and to greater advantage. Protective service departments are the repository of great talent and great experience, and they have, moreover, existing tax support. But they are, regrettably, often led by traditionalists in social work who have very little daring in trying innovative approaches in this difficult field. The wide use of lay therapists and of Families Anonymous groups by departments of protective services will go a long way toward making these departments professionally far more effective than they are now. The development of Families Anonymous groups is facilitated by encouragement by professionals, particularly for those abusive families who have very little tolerance for doctors and social workers but may do quite well with each other in this self-help setting. Each Department should have a physician, family doctor, pediatrician or psychiatrist and someone from the court (probation department) and police as regular members of the child protection team. (The interdisciplinary approach). None of the above requires much in the way of additional tax funds but it does require spending existing funds differently. The federal government will need to insist on annual performance reports from the 50 State Departments of Welfare it now helps to support.

(6) CRISIS NURSERIES AND THERAPEUTIC DAY CARE CENTERS

A network of crisis nurseries and day care centers in each community should be developed. It is often impossible to find a place outside the home where an infant can quickly obtain emergency care, in spite of the fact that in moments of crisis and stress nothing works as well in protecting children than having them out of the home. There is undoubtedly great fear on the part of welfare departments that if they make it too easy for children to be placed in their care, at any time during the day and night, the department will be overwhelmed by children who might never be reclaimed. This has not been our experience. We feel that in a civilized society it should be possible to have the child placed where he will be safe when, for one reason or another, the family has decided that it is not competent to manage having him in the home. In the past, the attitude of society toward incompetent parents has been: "you've had your fun, now take care of it." Clearly, the child should not suffer because of the parents' difficulties.

Day care centers that are well planned, uncrowded and loving can be of value in allowing children to have early social intercourse with others and to minimize the effects of undue isolation. They also tend to bring parents out of isolation to meet other parents and other children and into a setting where questions can be brought out without fear of criticism or derision. Really good day care, which is now generally only open to the well-to-do or to professional women, would also enable some lower socio-economic mothers to have a respite from child care. It should be an accepted social right that one need not be a perfect mother or father 24 hours a day, seven days a week. In answer to the belief that ready availability of competent day care would weaken the American home, one can point out that "home can be hell." But so can incompetent day care! Hundreds of thousands of American pre-school children are now warehoused by working mothers in miserably overcrowded, often harsh and unloving day care to their great detriment.

(7) LEGAL TRAINING

Juvenile court judges and law guardians must be trained in law school to better understand their respective roles in child protection. No law school presently addresses itself to the problem of the minor child in the core corriculum. Medical schools have taken this step and now teach a good deal about the diagnosis of child abuse.

(8) FAMILY LIFE EDUCATION

Widespread public campaigns on television and radio are needed to acquaint all young parents with the ups and downs of family life, that love and hate can go together, that children are not unmixed blessings, and that some of the rage and anger felt towards small children is universal to all parents and that help can be had. In addition to the plethora of education in drugs, sex and cookery, in junior and senior high schools, there should be more education directed towards family life, and the understanding of when people are ready for marriage and children. We should make it respectable and even more acceptable to stay single, or to marry and have no children, or to have only one child, because there are many adults who just have enough emotional steam for marriage but no more, or for one child and no more.

The concept that children belong to parents is deeply ingrained in American life; education must be brought to bear on acceptance of the more modern and civilized belief that the child has rights of his own, that parents are the trusted guardians of those rights and that parental rights may be abrogated where there is evidence that parents are failing. Such failure must be diagnosed at the earliest possible time, so as to prevent injury to the child.

EXAMPLE 1

CHILD IN HOSPITAL---FOSTER CARE---HOME

Allan, a 2 month-old boy, was admitted because of severe failure to thrive, with malnutrition and dehydration. He (at 2 mos.) weighed less than 1/2 lb. over his birth weight and while in the hospital gained over 1 lb. in 9 days. Therefore, the welfare department filed a dependency petition and received temporary custody and the baby was placed in foster care. A rehearing of the situation was planned for a 3 months interval, during which time the mother received general counseling; belonged to a young mother's group and had support from the welfare worker. In the last 2 months of counseling, a great amount of progress was made and at the next hearing, the child was returned home, with the stipulation of continuing contact with the welfare worker and medical follow-up every 3 weeks. The child and mother are thriving.

EXAMPLE 2

MEDICAL REPORT, BUT WITHOUT COURT ACTION

Jimmy was a 2-month-old child, who, on admission to the hospital, was found to have bruises around the eyes, 3 small scars on the abdomen and tenderness of the left upper arm. X-Ray examination showed a fracture of this area. The police and the child protective services of child welfare were formally notified by the physician, but neither felt that

EXAMPLE 2

there was enough evidence to present the boy to Juvenile court. One month after discharge, the child was taken to another hospital where he was dead on arrival and his body showed innumerable signs of injuries.

EXAMPLE 3

"THE CHILD WHO WAS HATED"
(RELINQUISHMENT NOT FACILITATED)

The neighbor of David, age four years, became concerned when she noticed many large bruises on the little boy. She soon learned that the step-mother frequently beat the child and on occasion left the child alone for long periods of time. She called for instructions on how best to help the child. She was advised to try to become a friendly, helpful neighbor but that, if the child was left alone again, to call the police. The next day the child was left alone, the police were called and arrived 2 hours later, five minutes after the mother had arrived home. The neighbors, pre-school teacher, and a psychologist contacted the welfare department regarding the child's home situation. The step-mother was encouraged to go to the welfare department to ask for help. She frankly told them she could not stand the child, never wanted to see him again and asked for immediate placement for adoption. She was told it would be impossible to relinquish so abruptly, that the child could not be placed that day

EXAMPLE 3

and the parents would first have to get involved in relinquishment counseling. Three weeks later David arrived dead in the emergency room. He had been dead for at least 72 hours and had severe burns from his waist down.

EXAMPLE 4

RECURRENT INJURY + THEN REPORTED

Cindy was seen at 6 weeks of age at another medical institution for fractures of both bones of the right lower leg. Since the mother admitted causing these, the attending physician did not report the case. Four days prior to the present admission (at age 6 months) there were recurrent seizures and increasing lethargy. The child was very lethargic, without voluntary muscle control and did not react to light or noise stimuli. The fontanelle was bulging and further tests showed there to be a collection of bloody fluid around the brain. Because of the severe brain injuries and the history of past trauma, the welfare department filed a dependency petition which was sustained in court and the baby was placed in foster care.

EXAMPLE 5

PARENTAL DISABILITY

(SUCCESSFUL VOLUNTARY RELINQUISHMENT)

Both parents of Ruth, are diagnosed schizophrenics. released from the hospital prior to Ruth's birth. Mother's first child is in the custody of her former husband. Abortion was offered to the mother during her pregnancy but refused. Intensice follow-up of the family was done by social worker lay therapist, and "on call" psychiatrist. After 2 years of moderately good care. the marriage became very unstable and during separations, and chaotic reconciliations, the parents were able to recognize Ruth's need for a stable home and their own inability to provide this. The parents relinquished Ruth in court to Welfare Department for adoption. No physical injury to Ruth, however the mother frequently spoke of her feelings, under stress, of wanting to injure child.

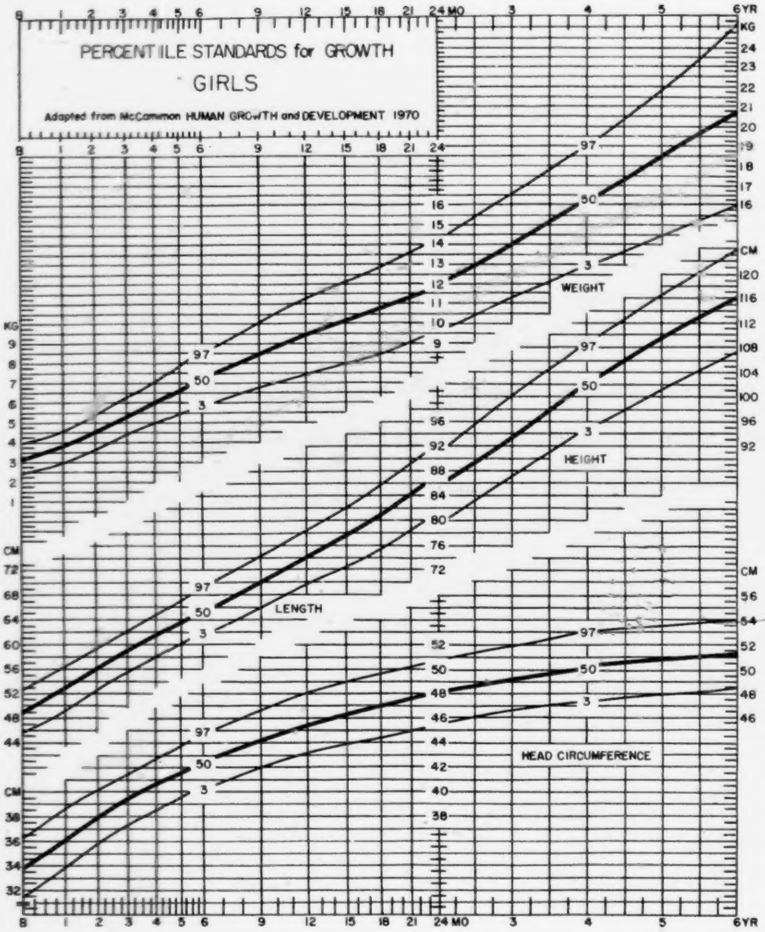
EXAMPLE 6

12 YEAR OLD MOTHER AND TWO TRIES AT JUDICIAL REMEDY

Jane, age 12, conceived a premature baby who was fathered by her mother's fiance with whom she had repeated intercourse. While the baby was in the premature unit, Jane treated it like a doll. The nurses and doctors felt that she was totally unable to mother this child because of her very immature behavior, which was at the 9-10 year level. The Juvenile court informally refused a request by the Welfare Department

EXAMPLE 6

for relinquishment of the baby and foster care supervision for Jane, to help her to go back to school and interrupt her relationship to her step father-to-be on the basis that "she has not yet been proven to be an incompetent mother". Another jurisdiction was sought and another judge ordered relinquishment for a successful adoption which promptly followed. Jane did well in foster care, returned to school and continuing as a supervised dependent under court order, has excellent prospects in a good foster home and with continuing, but less damaging, contacts with her mother and her new husband.


PERCENTILE STANDARDS for GROWTH
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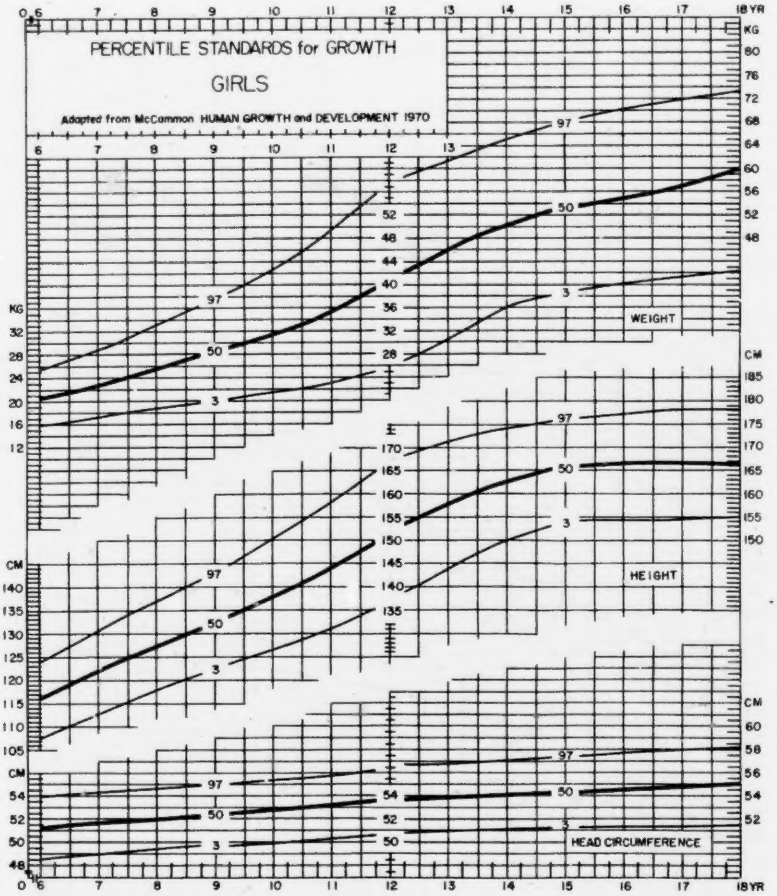
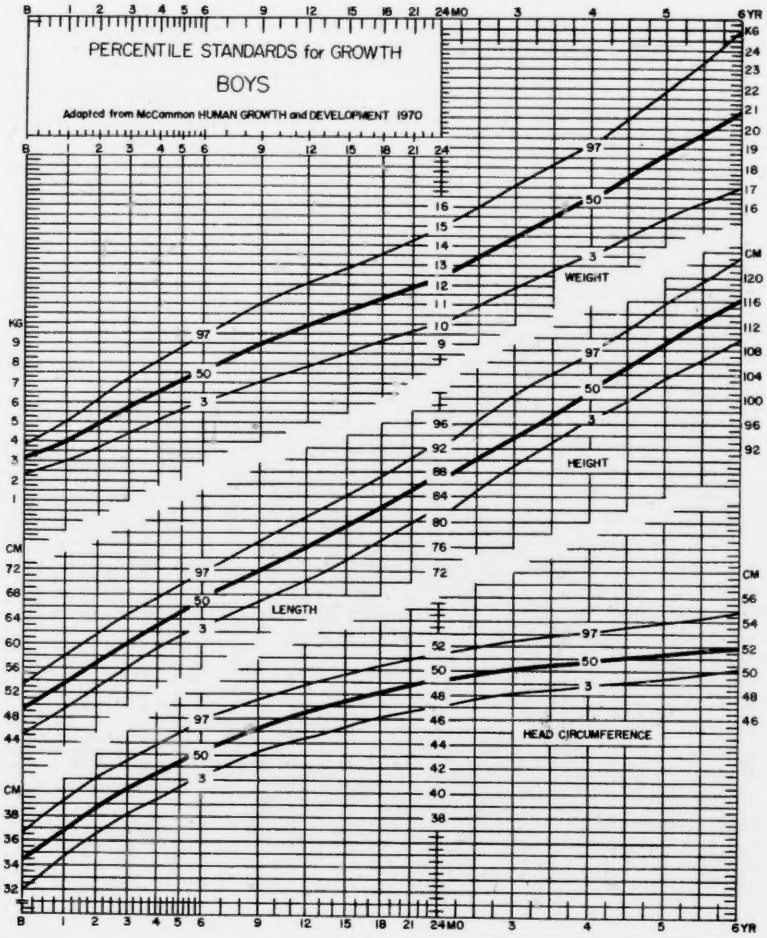


PERCENTILE STANDARDS for GROWTH

GIRLS

Adapted from McCammon HUMAN GROWTH and DEVELOPMENT 1970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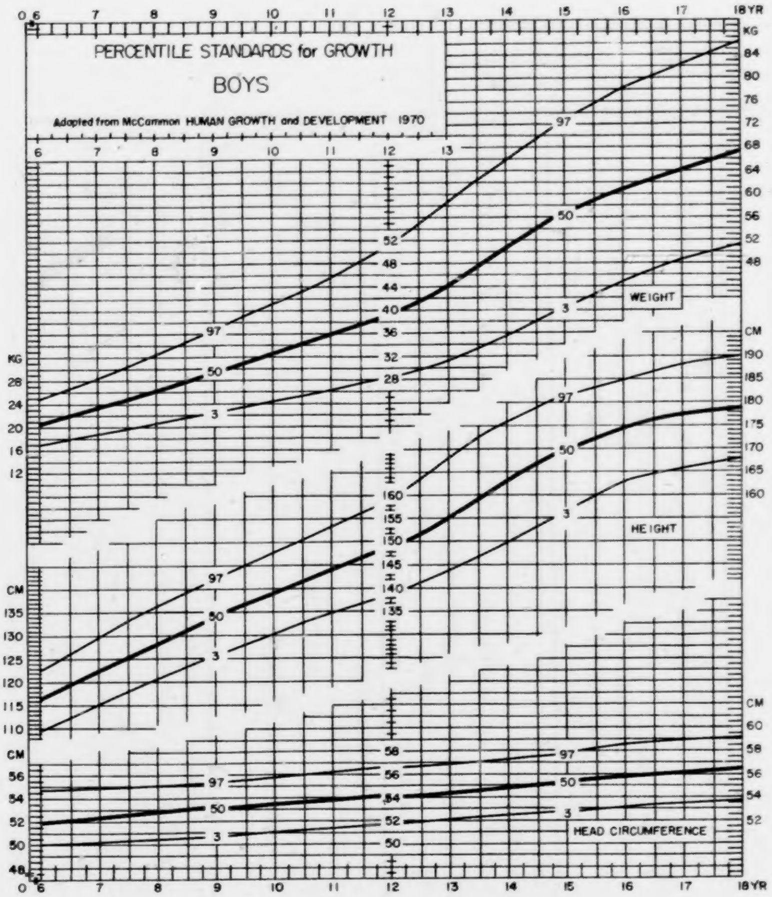
PERCENTILE STANDARDS for GROWTH
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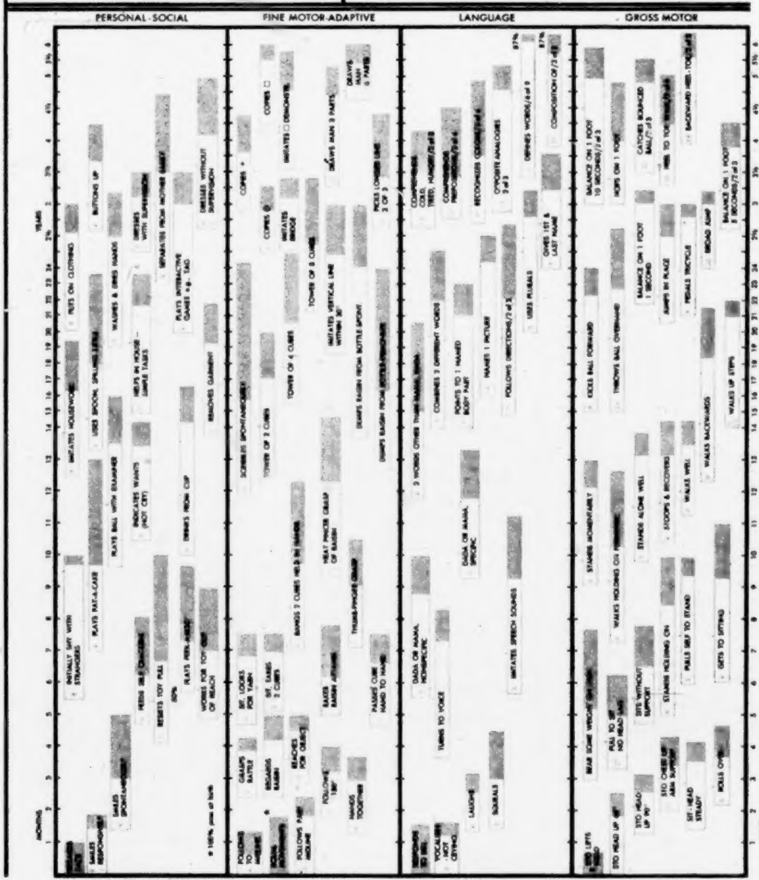
DENVER DEVELOPMENTAL SCREENING TEST

STO.=STOMACH
SIT=SITTING

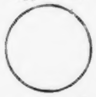
PERCENT OF CHILDREN PASSING
25 50 75 90
May pass by report
Footnote No. see back of form
Test Item

Date
Name
Birthdate
Hosp. No.

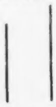


DATE
NAME
DIRECTIONS BIRTHDATE
HOSP. NO.

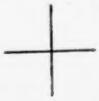
1. Try to get child to smile by smiling, talking or waving to him. Do not touch him.
2. When child is playing with toy, pull it away from him. Pass if he resists.
3. Child does not have to be able to tie shoes or button in the back.
4. Move yarn slowly in an arc from one side to the other, about 6" above child's face. Pass if eyes follow 90° to midline. (Past midline; 180°)
5. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
6. Pass if child continues to look where yarn disappeared or tries to see where it went. Yarn should be dropped quickly from sight from tester's hand without arm movement.
7. Pass if child picks up raisin with any part of thumb and a finger.
8. Pass if child picks up raisin with the ends of thumb and index finger using an over hand approach.



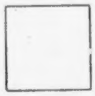
9. Pass any enclosed form. Fail continuous round motions.



10. Which line is longer? (Not bigger.) Turn paper upside down and repeat. (3/3 or 5/6)



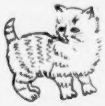
11. Pass any crossing lines.

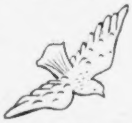


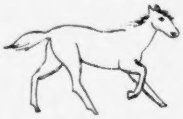
12. Have child copy first. If failed, demonstrate

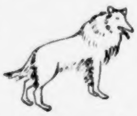
When giving items 9, 11 and 12, do not name the forms. Do not demonstrate 9 and 11.

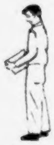
13. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
14. Point to picture and have child name it. (No credit is given for sounds only.)











15. Tell child to: Give block to Mommie; put block on table; put block on floor. Pass 2 of 3. (Do not help child by pointing, moving head or eyes.)
16. Ask child: What do you do when you are cold? ..hungry? ..tired? Pass 2 of 3.
17. Tell child to: Put block on table; under table; in front of chair, behind chair. Pass 3 of 4. (Do not help child by pointing, moving head or eyes.)
18. Ask child: If fire is hot, ice is ?; Mother is a woman, Dad is a ?; a horse is big, a mouse is ?. Pass 2 of 3.
19. Ask child: What is a ball? ..lake? ..desk? ..house? ..banana? ..curtain? ..ceiling? ..hedge? ..pavement? Pass if defined in terms of use, shape, what it is made of or general category (such as banana is fruit, not just yellow). Pass 6 of 9.
20. Ask child: What is a spoon made of? ..a shoe made of? ..a door made of? (No other objects may be substituted.) Pass 3 of 3.
21. When placed on stomach, child lifts chest off table with support of forearms and/or hands.
22. When child is on back, grasp his hands and pull him to sitting. Pass if head does not hang back.
23. Child may use wall or rail only, not person. May not crawl.
24. Child must throw ball overhand 3 feet to within arm's reach of tester.
25. Child must perform standing broad jump over width of test sheet. (8-1/2 inches)
26. Tell child to walk forward, → heel within 1 inch of toe. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.
27. Bounce ball to child who should stand 3 feet away from tester. Child must catch ball with hands, not arms, 2 out of 3 trials.
28. Tell child to walk backward, ← toe within 1 inch of heel. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.

DATE AND BEHAVIORAL OBSERVATIONS (how child feels at time of test, relation to tester, attention span, verbal behavior, self-confidence, etc,):

157. 10-70 Distributed as a service by Mead Johnson Laboratories

An Act

HOUSE BILL NO. 1038. BY REPRESENTATIVES Black, Bain, Arnold, Baer, Benavidez, Bishop, Burns, Byerly, Carroll, Chestnutt, Cole, Coloroso, Davidson, DeMoulin, Dittemore, Edmonds, Farley, Fentress, Friedman, Fuhr, Gallagher, Gustafson, Hart, Hinman, Jackson, Johnson, Kirscht, Knox, Kopel, Koster, Lamb, Lamm, Lindley, Lucero, McCormick, McNeil, Miller, Moore, Mullen, Munson, Newman, Porter, Quinlan, Sack, Safran, Schafer, Schmidt, Showalter, Sonnenberg, Southworth, Strahle, Strang, Valdez, Wells, and Younglund; also SENATORS Anderson, Bermingham, DeBerard, H. Fowler, Garnsey, Kinnie, Kogovsek, Locke, Parker, Plock, Strickland, Vollack, and Wunsch.

CONCERNING PROCEEDINGS UNDER THE COLORADO CHILDREN'S CODE IN CASES INVOLVING CHILD ABUSE OR NONACCIDENTAL INJURIES.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 22-3-1, Colorado Revised Statutes 1963 (1967 Supp.), is amended BY THE ADDITION OF A NEW SUBSECTION to read:

22-3-1. Petition initiation - preliminary investigation - informal adjustment. (4) (a) Upon receipt of a report filed by a law enforcement agency, by an employee of a public or private school, or by a medical doctor, osteopath, child health care associate, chiropractor, dentist, dental hygienist, veterinarian, pharmacist, physical therapist, registered nurse, licensed practical nurse, or psychologist, indicating that a child has suffered abuse as defined in section 22-10-1, and that the best interests of the child require that he be protected from risk of further such abuse, the court shall then authorize and may order the filing of a petition.

(b) Upon receipt of a report, as described in paragraph (a) of this subsection (4), from any person other than those

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

specified in said paragraph (a), the court, after such investigation as may be reasonable under the circumstances, may authorize and may order the filing of a petition.

SECTION 2. 22-3-5, Colorado Revised Statutes 1963 (1967 Supp.), is amended BY THE ADDITION OF A NEW SUBSECTION to read:

22-3-5. Appointment of a guardian ad litem. (3) In all proceedings brought for the protection of a child suffering from abuse or nonaccidental injury, following a report made under section 22-10-8, a guardian ad litem shall be appointed for said child. Said guardian shall have the powers and duties specified in section 22-10-8.

SECTION 3. Article 10 of chapter 22, Colorado Revised Statutes 1963, as amended, is amended BY THE ADDITION OF A NEW SECTION to read:

22-10-8. Court proceedings in child abuse cases. (1) A law enforcement agency receiving a report under section 22-10-3 shall, in addition to taking such immediate steps pursuant to article 2 of this chapter as may be required to protect the child, within forty-eight hours inform the appropriate juvenile court under section 22-3-1 that the child appears to be within the court's jurisdiction. Upon receipt of such information the court shall make an immediate investigation to determine whether protection of the child from further abuse or injury is required, and upon such determination shall authorize the filing of a petition in dependency.

(2) In any dependency proceeding initiated pursuant to this section the court shall name as respondents all persons alleged by the petition to have caused or permitted the abuse or nonaccidental injury alleged in the petition. In every such case the parents of the child shall be named as respondents. Summons shall be issued for all named respondents in accordance with section 22-3-3.

(3) The court in every case filed under this section shall appoint a guardian ad litem for the child in accordance with section 22-3-5. The guardian ad litem shall be given access to all reports relevant to the case made to or by any agency or person pursuant to section 22-3-1 (4), and to reports of any examinations of the child's parents or other custodian pursuant to this section. The guardian ad litem shall in general be charged with the representation of the child's interests. To that end he shall make such further investigation as he deems necessary to ascertain the facts, interview witnesses, examine and cross-examine witnesses in both the adjudicatory and dispositional hearings, make recommendations to the court concerning the child's welfare, and participate further in the proceedings to the degree appropriate for adequately representing the child.

(4) At any time after completion of the adjudicatory hearing of a case of child abuse or nonaccidental injury and a finding of dependency therein, the court may, on the motion of the guardian ad litem, or of any party or on its own motion, order the examination by a physician, psychiatrist, or psychologist of any parent, or other persons having custody of the child at the time of the alleged child abuse or nonaccidental injury, if the court finds that such an examination is necessary to a proper determination of the dispositional hearing in the case. The dispositional hearing may be continued pending the completion of such examination. The physician, psychiatrist, or psychologist conducting such examination may be required to testify in the dispositional hearing concerning the results of said examination, and may also be asked to give his opinion whether the protection of the child requires that he not be returned to the custody of his parents or other persons having custody of him at the time of the alleged abuse or nonaccidental injury. The rules of evidence as provided by law shall apply to such testimony except that the physician, psychiatrist, or psychologist shall be allowed to testify to conclusions reached from hospital, medical, psychological, or laboratory records, tests, or reports, provided the same are produced at the hearing. Persons so testifying shall be subject to cross-examination as are other witnesses. No evidence acquired as the result of any such examination of the parent or other persons having custody of the child may be used against such person in any subsequent criminal proceeding against such parent or custodian concerning the abuse or nonaccidental injury of said child.

(5) If the prayer of the petition is granted, the costs of this proceeding, including guardian ad litem and expert witness fees, may be charged by the court against the respondent. If the prayer of the petition is not granted, the costs may be charged against the state of Colorado.

SECTION 4. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

John D. Fuhr SPEAKER OF THE HOUSE OF REPRESENTATIVES	John D. Vanderhoof PRESIDENT OF THE SENATE
Lorraine F. Lombardi CHIEF CLERK OF THE HOUSE OF REPRESENTATIVES	Comfort W. Shaw SECRETARY OF THE SENATE

APPROVED______________________________

John A. Love
GOVERNOR OF THE STATE OF COLORADO

HELP!

HELP
YOUR CHILDREN
& YOURSELF

OF COURSE YOU LOVE YOUR CHILDREN.... BUT

- Do you frequently "lose control" with your children?
- And then hate yourself afterwards?
- Would you like to be a better parent, but don't know where to go for help?

FAMILIES ANONYMOUS CAN–

- OFFER YOU UNDERSTANDING AND SUPPORT.
- TALK YOUR PROBLEM OUT SO YOU UNDERSTAND WHY YOU LOSE YOUR TEMPER
- INTRODUCE YOU TO OTHER PARENTS WHO HAVE THE SAME PROBLEM AND ARE LEARNING "CONTROL"

LET US HELP YOU! WE HAVE 24–HOUR TELEPHONE SERVICE. CALL US – DAY OR NIGHT! YOU DON'T HAVE TO IDENTIFY YOURSELF IF YOU DON'T WANT TO. JUST LET US LISTEN TO YOU! SOMETIMES THAT IS ALL ANYONE NEEDS–IS TO TALK OUT THEIR PROBLEMS! LET US HELP YOU! LET US HELP YOUR CHILDREN!

FAMILIES ANONYMOUS
789-2010

Families Anonymous is a self-help group created by concerned parents for the purpose of controlling child abuse.
Supported by the University of Colorado Medical Center Child Protection Team.

STATEMENT OF JOY J. CHANDLER, M.S.W., PRINCIPAL INTAKE WORKER, CHILD PROTECTION TEAM, COLORADO GENERAL HOSPITAL

Ms. CHANDLER. First of all, let me say our team at the medical center is a multiple discipline team approach. We have social workers, psychiatrists, pediatricians, and some nonprofessionals involved in this program.

Our first responsibility is to evaluate the cases that do come into our hospital from the community. Many of the children that do come to our hospital are brought there during a time of crisis by their parents, and one of the things I think we try most strongly to offer is a nonjudgmental, nonpunitive, warm approach to these parents. We deal immediately with the problem that these parents are going to be involved not only with the courts but child welfare and probably many social workers and psychiatrists before immediate problems are on the road to being straightened out.

At the time of referral we do try to be as honest as possible with the parents about what may happen in court and what may happen with child welfare. We also let them know that during this period someone from our staff will be available to them 24 hours a day to talk about anything that is coming up, any problems they are having, just how they are feeling about things.

In doing this evaluation of the parents and the home situation we try as rapidly as possible to arrange some type of viable dispute disposition for the case. We would recommend that the child be placed in foster care for a time or the parents start in parental counsel with the child going home but with a great deal of support to the home.

One of the things I would certainly like to say, in working with parents I've felt very much that our team can be most effective because we work well together. If one staff member isn't in the office, another person can carry on. There is a shifting of people working with each other. They know there is more than one person available to them usually.

I think the other thing is that none of us are afraid to deal with child abuse. I think this is extremely important. Many of the professionals in this field still haven't enough experience that they can walk in and themselves be comfortable and still be helpful in dealing with these parents and, of course, when this comfort is missing it adds to the feeling of a fragmented situation.

[The information supplied Ms. Chandler, follows:]

CHILD PROTECTION IN-TAKE TEAM

C. Joy Jones Chandler, Psychiatric Social Worker

The Child Protection Team of the University of Colorado Medical Center is a multi-discipline team set up to facilitate the admission and treatment of neglected, battered, and under-protected children and, simultaneously, deal with parents in a warm, supportive, and understanding way.

Often when a child is injured as a result of parents' lack of protection, or by overt acts on the part of the parents, it is necessary to involve child welfare and the courts. Also, the parents will be dealing with pediatricians, social workers, and psychiatrists. In sum, this can be a very frightening, and sometimes angering experience. At Colorado General we try to deal directly with the parents as soon as the child is admitted. We inform them as honestly as we can of the medical situation, the legal situation and encourage them to work with us and let them know someone will be readily available to talk with them at any time during this very difficult period.

We also begin social and psychiatric evaluations, involve appropriate agencies and make positive disposition plans at the earliest possible date (i.e., the child goes to a foster home or the child returns home with close follow-up and continuing psychotherapy for the parents, or marital counseling is set up for the parents).

The in-take team itself is made up of warm, supportive professionals who, through training and experience, attempt to deal with the area of child abuse in a constructive, non-threatening manner.

Dr. Kempe. We then come to the most important decision, where do we go from here, because we have indicated that perhaps 90 percent of our families are treatable and we have modalities for treatment, which are the lay therapists, the Families Anonymous group, crisis nursery, other modalities, but then there are 10 percent who are not treatable around this child. They need treatment, they need help, but not with this child in their care because of other psychiatric disease. Dr. Brandt Steele will talk about this.

Dr. Steele.

STATEMENT OF BRANDT STEELE, M.D., PROFESSOR OF PSYCHIATRY, PRINCIPAL PSYCHIATRIST, NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Dr. Steele. As already evident, there are two things involved in the first approach to the problem. One is the evaluation of the infant to see whether or not there are evidences from the standpoint of the examination of the child, that something unwarranted has happened. Second, we try to find out something about the family, what kind of parents these are, and it is this that I and my colleagues have been involved in for the last dozen years or so, finding out the hows and whys and wherefores of this pattern of child rearing, which it is. It is an exaggerated form of the type of child rearing, which is fairly universal in our Western culture, in which the use of punishment is very common in order to slow down bad behavior and instigate good behavior in children. It has been a standard method for thousands of years in our culture and we see the extreme form of it here.

Senator Mondale. We had a witness the other day who indicated there is no point in being concerned about child abuse alone—the exaggerated kind of batterings, scaldings, and harassment—because it really has its roots in the ancient methods of disciplining children. Therefore, he said, we have to think in terms of prohibiting parents or discouraging parents from disciplining their children in any physical or psychological way or in any abusive way, because if they didn't do that nothing would help.

Our committee feels very strongly if that's the only remedy, forget it, there is just nothing we can do about that. If you try to pass an antipaddling law or something, I think it would be an insult to my parents [laughter] and yet can we say that this is a discretely different problem that can be focused on and identified and dealt with in essentially a separate way?

Dr. Steele. Yes, I think so. Even though there is a basic principle involved, this is not only just a gradual extreme form of the problem but one with some very specific, definite differences that I think we can pick up.

One of the things that we find in the parents who have this pattern of extreme abuse of their children, the background that they themselves were treated very much the same way. Most of us have been spanked in our childhood, as you said of yourself, and so was I, but we were not abused, and we received also, which is very important, a reasonable, adequate amount of love and consideration, and the background of the parents that we see involved in this extreme behavior is not just this. I maybe can describe one which brings this up.

Two little boys, Johnny, 18 months, and his little brother, Willie, 4½ months, were brought in here, Johnny with some lacerations and injuries and Willie with fractured ribs and fractured skull. Their father was very clearcut about, yes, he had been doing this. I said, "What gives with it?" He said, "Johnny," who is 18 months old, "is old enough to know what I mean when I say, 'Come here,' and if he doesn't come here I give him a gentle tug on the ear to remind him of what he is supposed to do." This child's ear was nearly torn off his head. Willie had been punished because he wasn't eating his potatoes properly.

Now, the father gave the story of how he and his brothers were brought up in a good, solid, stable family on a farm in a nearby State. Both he and his brother had been brought up severely by his father, and often beaten with 2 by 4's, to make sure that they didn't grow up to be juvenile delinquents. The man said that it is true he didn't grow up as a juvenile delinquent, but, interestingly enough, the brother had also been picked up in Nebraska for child abuse.

Senator **Mondale**. Does this often happen, not only where you see this generational difference but you might see the children of a whole family, in turn, having a majority of this abuse?

Dr. **Steele**. Another thing that I think is interesting in connection with this pattern of punishment is this man showed he did not resent his father's beating him so much as he resented the fact "our mother never took good care of us, never protected us." He was much more hurt by the lack of maternal protection, love, and consideration than he was by being hit with a 2 by 4.

Incidentally, this man had just passed an examination to be accepted for the police force.

This picks up one of the most important things that we do, evaluate. This man we would have considered treating, although he was sent to the penitentiary instead. But one of the functions of our psychiatric examination is to pick up the rather small percentage, maybe 2 percent, of the abusive parents who are psychotic and are not treatable by ordinary means, and the other percentage which Joy Chandler has referred to who are so full of antipathy toward a particular child that we know this can never be reversed.

This is very common, as indicated, a parent who thinks the child is a new edition of one's own bad childhood self, this kid is just as bad as I am and I will punish him for everything I got punished for. This is a very interesting part of psychology and accounts for the transmission from generation to generation, not only the learning behavior but the feeling of: "a child like myself, my mother told me after I beat up Johnny I sat down on the floor by the crib and I cried and I cried and I cried and I felt as if I had hit myself." This is a treatable mother. She was treated and got along very well.

It is understanding some of this emotional experience and background through the patient's own past life that has laid the ground for our treatment principles of providing something that they missed in their own childhood experience of being thought of and cared for and treated as if they were valuable, which is what they had never had before. They were left with no self-esteem. "I am worthless, I can never make the grade" they think. It is also to treat problems of aggression.

This also has lent to some of our ideas of how we can predict our behavior. We notice the lifestyle in these people that is even detectable before they have children. Somebody else will talk about that, I think.

Another thing that I think warrants our very serious attention is the fact that there is an increasing body of data collected from the last decades that is from this large pool of battered children that a lot of distressed adults become not only the next generation of abusive and neglecting parents but an extremely high number of juvenile delinquents, and a high portion of first degree murderers and so have a number of assassins, with a battered child background.

Dr. **Kempe.** Do we have the literature on that?

Dr. **Steele.** I think in studying and doing something about the problem of a battered child we have a unique access to a study of some patterns of aggression and viables in our culture from a different thing. If something happens to children who are exposed to unusual violence and lack of love in their first formative years that makes a deep impression on them, I think we need to study a great deal more of and see what happens.

Dr. **Kempe.** There are children, first, who have not sustained brain injuries from abuse who have come out of the injury fine in terms of their central nervous system, they are not brain damaged, they have a broken leg. But what happens to them as people even though they have not had brain damage?

[The information supplied by Dr. Steele follows:]

PSYCHIATRIST

Brandt Steele, M. D.

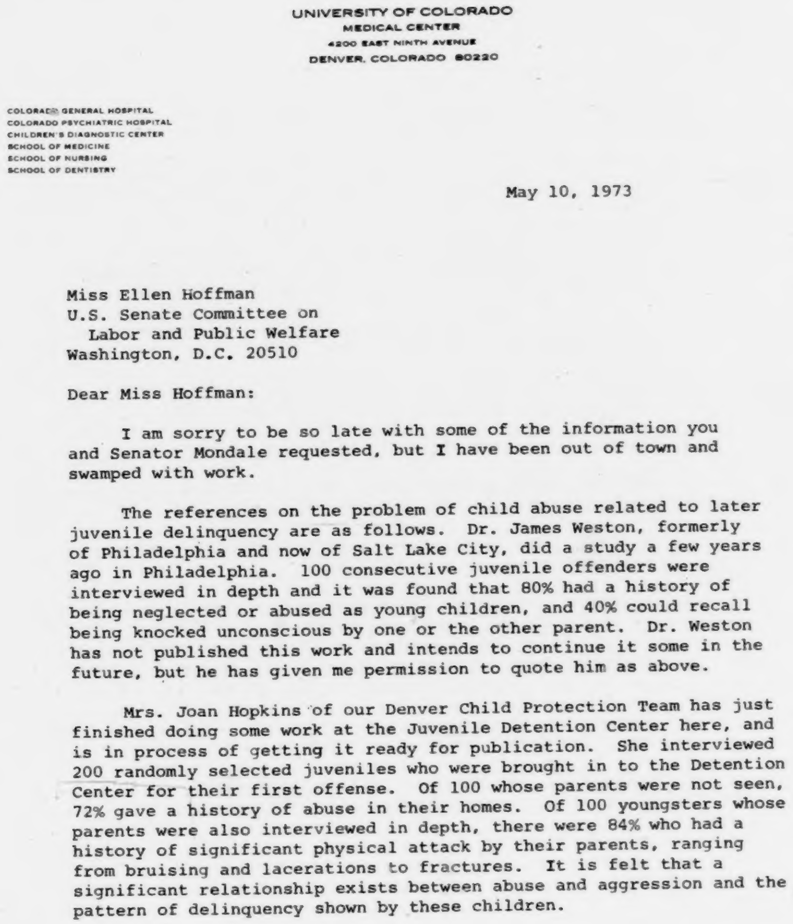
During the past twelve years, members of the Child Protection Team have evaluated hundreds of families in which abuse and neglect of children have occurred. Many of these families have been studied in great depth and followed for several years by psychiatrists and social workers who have gained great understanding of the how, whys and wherefores of this distorted pattern of child-rearing.

The parents suffer from the residual effects of their own experiences of being excessively punished and insufficiently cared about in early childhood. These, coupled with crises in their daily lives for which they have not learned means of coping, lead to disruption of normal parenting desires and result in abuse.

Knowledge of the interaction between both the remote and immediate causes for abusive behavior has enabled us to develop rational, effective methods of treatment. Such treatment is based primarily on correcting, through insight and new reality experience, the devastating lacks in the parents' own past experience of being cared about, and also teaching them how better to use their own strengths to gain help and make progress.

Familiarity with the emotional and behavioral life styles of the abusive parents has opened the way to development of techniques of prediction of high-risk parents. This in turn has made possible the beginning of preventive intervention before abuse occurs.

It is now recognized that the abusive parent of today was the abused child of yesterday. The transmission of this form of aggressive discharge is transmitted from generation to generation, repeating its tragic injuries. Some abused children doubtless grow up to be essentially normal, healthy adults. In other instances the experience of being subjected to violence in the earliest formative years of life seem to provide the seeds for aggressive and violent behavior in later life. There is an increasing body of evidence that from the great pool of neglected and battered children come significant numbers of juvenile delinquents, murderers and assassins. The development of aggressive behavior in the abused child is a crucially important aspect of our ongoing studies.



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May 10, 1973

Miss Ellen Hoffman
U.S. Senate Committee on
Labor and Public Welfare
Washington, D.C. 20510

Dear Miss Hoffman:

I am sorry to be so late with some of the information you and Senator Mondale requested, but I have been out of town and swamped with work.

The references on the problem of child abuse related to later juvenile delinquency are as follows. Dr. James Weston, formerly of Philadelphia and now of Salt Lake City, did a study a few years ago in Philadelphia. 100 consecutive juvenile offenders were interviewed in depth and it was found that 80% had a history of being neglected or abused as young children, and 40% could recall being knocked unconscious by one or the other parent. Dr. Weston has not published this work and intends to continue it some in the future, but he has given me permission to quote him as above.

Mrs. Joan Hopkins of our Denver Child Protection Team has just finished doing some work at the Juvenile Detention Center here, and is in process of getting it ready for publication. She interviewed 200 randomly selected juveniles who were brought in to the Detention Center for their first offense. Of 100 whose parents were not seen, 72% gave a history of abuse in their homes. Of 100 youngsters whose parents were also interviewed in depth, there were 84% who had a history of significant physical attack by their parents, ranging from bruising and lacerations to fractures. It is felt that a significant relationship exists between abuse and aggression and the pattern of delinquency shown by these children.

Miss Ellen Hoffman
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The following are references to published articles in the literature which have definite bearing on this subject.

*1. Duncan, G., Frazier, S., Litin, E., Johnson, A., and Barron, A. Etiological Factors in First Degree Murder. Jour. Amer. Med. Assn. 168:1755-58, 1958.

2. Satten, J., Menninger, K., Rosen, I., and Mayman, M. Murder Without Apparent Motive: A Study in Personality Disorganization. Amer. Jour. Psychiat. 117:48-53, 1960.

3. Curtis, G.C. Violence Breeds Violence - Perhaps? Amer. Jour. Psychiat. 120:386-7, Oct. 1963.

*4. Easson, W.M. Murderous Aggression by Children and Adolescents. Arch. Gen. Psychiat. 4:1-9, 1961.

5. Weiss, J.M.A. Children Who Kill. PP 42-45.

An additional group of references which I think are pertinent but probably less specific and less valuable are as follows.

1. Russell, D.H. A Study of Juvenile Murderers. Jour. of Offender Therapy. 9:55-86, 1965.

2. Bender, L. What are the Influential Factors that Predispose the Youth of our Society to Delinquency and Crime? In "Youth and Crime". Proceedings of the Law Enforcement Institute held at New York University. Cohen, F.J., Ed. pp. 80-104. New York Internat. Univ. Press Inc. 1957.

3. Bender, L. Children and Adolescents Who Have Killed. Amer. Jour. Psychiat. 116:510-13, 1959.

4. Bender, L., and Curran, F.J. Children and Adolescents Who Kill. J. Crim. Psychopathol. 1:297-322, 1940.

5. Bender, L. Psychopathic Behavior Disorders in Children. In "Handbook of Correctional Psychology". Lindner, R., and Seliger, R. Eds. pp. 360-377. Philosophical Library. New York, 1947.

I hope this information will be of use to Senator Mondale. We are all very pleased that he is putting such valuable effort into getting federal support for this important work.

Sincerely yours,

Brandt Steele

Brandt F. Steele, M.D.
Professor of Psychiatry

BFS/pr

* The starred items are by doctors at Rochester, Minnesota!

Dr. Martin, who is next, has recently followed up on 50 children in your list who have not had brain damage. Now, what kind of people are they?

STATEMENT OF HAROLD P. MARTIN, M.D., ASSOCIATE DIRECTOR, J.F.K. CHILD DEVELOPMENT CENTER, NATIONAL CENTER FOR PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Dr. Martin. I want to talk about what the effects are of child abuse and abusive environment on children. Recently, along with Dr. Esther Conway and Patricia Beezley, we followed up about 58 children after they were identified as abused. These children were not as severely abused as many who have been reported. Less than 50 percent of them had fractures. So, many of them are children who had bruises and soft tissue injuries but did not have the dramatic injuries as other have reported. So you would expect to see less mortality and less brain damage, in these children.

We were impressed, however, in the findings in these children 5 years later. Some of them did have brain damage, 53 percent of them had some neurologic findings and 31 percent of them had serious neurologic findings, about a third of them had undernutrition at the time they were abused, and of those 18, of the 21 still had poor growth 5 years later when we saw them.

The group as a whole were not significantly retarded, their mean IQ was within the normal range but when you looked at the group more closely you found two to three times more children than you would expect who had IQ's below 85 so they were handicapped in terms of their mental development.

Most impressive was our finding that 66 percent of these children really weren't able to enjoy themselves. They were a very inhibited type of children. Fifty-two percent had very poor self-esteem, felt very poorly of themselves, which wasn't surprising since they had been getting the message for years that they were not very worthy children. Sixty-two percent had behavioral problems. A quarter of the children at school age had learning problems which wasn't accounted for by neurologic deficit. When we look at the families, 66 percent of the parents had some form of treatment, 72 percent of these parents still had emotional problems that were interfering with their marriage or work. Forty-eight percent had a pattern of punishment, while these children were no longer legally or technically abused, the parents continued to use physical punishment such as beatings, spankings with a whip, with a belt or a regular spanking with their hands for relatively minor infractions.

I would like to make two points from what we have learned about these children. The first is that when we first got interested in child abuse back in 1960, 1961, the focus was, indeed, on the dramatically injured child and, as it should have been, it was placed toward preventing death and assuring the physical safety of the children. But now I think we have passed that point so that we need to be concerned about our treatment of the situation of child abuse, concern about the other parameters of the consequences of a child for, as Dr. Steele has suggested, a good number of these children grow up to be violent, behavioral problems, juvenile delinquents themselves.

We haven't done a very good job if we have saved their life to continue to have problems. If a fourth of the children still have learning problems, are basically unable to enjoy themselves, have poor peer relations, and poor self-esteem, we haven't done an adequate job of working with the children so they can be productive and healthy children.

I think there are two things I would like to say in ending. First, I still feel we need more data and information about what the consequences of abuse are to children. To my knowledge, there have not been any long-term prospective studies of abused children where someone has identified a group of children who have been abused and followed them over a number of years. We don't know for sure what all the consequences of our treatment are. For instance, in 58 children we recently studied, 20 of them had 3 to 8 home changes within this 5-year period. What is the effect of a child being put in a foster home and back to his parents and back to a foster home and so forth. I think we still need some data on the effects of these moves and other intervention.

The second point is we do need to focus and direct our treatment to the child. It is not enough to treat the parents. Indeed, if a set of parents has abused a child, the child still has the problem of trying to cope with and understand why he was ill treated, why he had to leave his parents, and so forth. The concern about the life and physical safety, although of first priority, is not sufficient. We, I think, at this point have to be more concerned and intervene more effectively in terms of the subsequent development of the child and whether he is going to be able to be a productive, a happy and a healthy child, teenager and adult.

Thank you.

Senator RANDOLPH. Dr. Martin, you indicated that we do not have all the answers and certainly this is true. In our Subcommittee on the Handicapped we have had four sessions in the last 2 weeks discussing education of the handicapped. We went into a new area of problem children, autistic children. Do you know anything about that group?

Dr. MARTIN. A little bit.

Senator RANDOLPH. A few years ago, Dr. Kempe, we didn't know such a group existed. I mean people did who were in the field but today we are told that, at least, there are 80,000 in this country. I won't go into what they are, what kind of children, but you see the problems of that group would be met in a different way than an ordinary group.

Dr. MARTIN. I might point out that I am not aware that there is information on how often severe psychotic behavior is a consequence of a child abuse, but it is interesting in the last 2 years there was a report of 75 autistic children who were in a residential setting. Of these children, 30 percent had been abused by the parents which suggests there may be a relationship.

Senator RANDOLPH. That is right.

Dr. KEMPE. I know you are on a time schedule, Senator, I would like to move to direct treatment of the 58 you studied.

Congresswoman SCHROEDER. This is not in the program that you have now, is that correct? It was information filed previously, that they had gone through what you discussed?

Dr. MARTIN. Some of the children had and some of them didn't, they vary in age from 22 months to 13 years. Some of them were picked up as abused before there was a child protection team here, it was in the early development, and others later. It was quite variable. Forty percent had had psychotherapy and 30 percent had had welfare care.

Congresswoman SCHROEDER. Could you tell any difference between the child protective team cases and the others, or was it the same, or was it random?

Dr. MARTIN. It was difficult to do this; however, we noted a few differences in what kind of treatment the parents had had. If the parents had had psychotherapy, were seen by a social worker or psychiatrist, there was little chance the child would leave home.

Part of that is illusionary in the fact some of the parents did not receive treatment. The reason for it, they did not want any treatment and they did not want their child back so they left their child at the hospital and took off.

Congresswoman SCHROEDER. Thank you.

Senator MONDALE. As I understand your study, it is a 5-year study of children who have been reported as victims of child abuse. These were not children that were pathetically battered and mangled the way some of them are, seriously—but it was not that kind of permanent physical kind of assault. What you tried to do in this study, then, is to follow the psychological effects on the child over the long run from physical and psychological abuse? Do I understand this is a pioneering study in the sense there is no literature in an effort to followup as you have done, is that correct?

Dr. MARTIN. There is very little information and followup of these children. There may be 5 to 10 studies of a similar sort. I think this is one of the larger studies that looks at a variety of psychological behaviors, intellectual behaviors, and neurological function that I know of.

Senator MONDALE. But what your study suggests when you look at, say, a child with behavior problems or a child with restricted emotional development is that you may find the roots in earlier child abuse which may not be obvious because the child looks perfectly healthy? Are you suggesting that the psychological damage is permanent unless there is some help and that it could permanently restrict the capacity for that child to participate, to be a normal, law-abiding human being and a good parent? They may be on their way to producing their own family.

Dr. MARTIN. That is it exactly. I think, further, if we wanted to look at prevention I would suggest that we need to try to prevent these consequences to the child. We are never going to completely eliminate child abuse, so when a child is abused we must direct attention to the child as well. He may need a day care center, he may need a foster mother to have some special professional help in knowing how to manage him as many of these children have behaviors that would be difficult for any child to handle.

Senator **Mondale**. You mentioned the average IQ of abused childen was within the norm but you found a surprising portion of IQ's at the bottom, subnormal ranges and so on.

Dr. **Martin**. Yes, sir.

Senator **Mondale**. What is the situation? Do you think that subnormalcy was caused by the abuse or do you think the parents were ashamed of their subnormal child?

Dr. **Martin**. That's a good question. I have worked in a mental retardation clinic for children. This abuse is not a common reaction to children who are born with handicaps. In this study the handicap is secondary to the abuse. In looking at the children more closely we found two factors that seemed to be responsible for it. A child with trauma to the head, represented a large proportion of the children who were handicapped. The second thing that I think is just as cogent, if you eliminate from this study the children who had neurologic damage and only looked at the social family factors, if you looked at the factors of whether the child felt his home was a permanent one, whether he was being rejected or physically punished, the children, who felt their homes were not permanent ones, were still being exposed to abuse and whose parents had an unstable home had a much lower IQ than the children who didn't have these social factors. This was eliminating the neurologic damage so there seemed to be two factors for the handicapped, one, the damage to their nervous system and the other, the environment the child was still in.

Senator **Mondale**. So retardation was not inherited but produced?

Mr. **Martin**. That is our belief, yes.

Senator **Mondale**. The neurological damage may not be treatable but the psychological damage may be. In other words, you may be able to help the child who is a retarded child back to an average IQ.

Dr. **Martin**. I believe that is possible, especially if it is instituted shortly after the child abuse rather than waiting 4 or 5 years later. The ability to make a lot of changes later is much less.

Senator **Mondale**. Could you state from your studies that the IQ levels in retardation are traceable to these abusive patterns or would child abuse account for much of that retardation problem?

Dr. **Martin**. I cannot say whether abuse would make up a large percentage of the children who are retarded, I doubt that. However, there are other related factors which are neglect and malnutrition, when added all together they do become impressive. Dr. Chase and I had looked at children that were undernourished in Denver a few years ago and seeing them a few years later, their mean IQ were 80. Within these families we did find a higher percentage of them had more children under 2 years of age, where the mother was under the stress of having three children still in diapers.

[The paper submitted by Dr. Martin follows:]

FOLLOW-UP STUDIES ON THE DEVELOPMENT OF ABUSED CHILDREN

HAROLD P. MARTIN, M.D.
ASSOCIATE DIRECTOR, JFK CHILD DEVELOPMENT CENTER
NATIONAL CENTER FOR PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

OVER THE PAST 13 YEARS, PROFESSIONALS CONCERNED ABOUT CHILD ABUSE HAVE NATURALLY BEEN PRIMARILY CONCERNED WITH THE DEATH AND SERIOUS HANDICAPS THAT THESE CHILDREN SUFFER WITH LESS ATTENTION TURNED TO THE LESS DRAMATIC EFFECTS OF CHILD ABUSE. THE EARLY CHILDREN WHOM WE IDENTIFIED AS ABUSED WERE USUALLY SERIOUSLY HARMED WITH SKULL FRACTURES, AND OTHER OBVIOUS AND SERIOUS INJURY. IN MORE RECENT YEARS, WE HAVE BECOME AWARE OF AND CONCERNED ABOUT THE CHILD WHOSE LIFE IS NOT THREATENED, THE CHILD WITH MULTIPLE BRUISES, WELTS, BURNS AS WELL AS WITH THE MORE SERIOUSLY INJURED CHILD.

IN 1972 I REPORTED ON THE FINDINGS OF 42 ABUSED CHILDREN AFTER EXAMINING THEM APPROXIMATELY 3 YEARS AFTER THE ABUSE. IT WAS DISCOURAGING TO NOTE THAT 33% WERE MENTALLY RETARDED, 33% HAD SUFFERED FROM UNDERNUTRITION AT THE TIME OF ABUSE, AND THAT 43% HAD IMPAIRMENT IN THEIR NEUROLOGIC FUNCTION. THESE CHILDREN WERE A PATHETIC LOT WITH LITTLE CAPACITY TO TRULY ENJOY THEMSELVES. THE MAJORITY WERE PREOCCUPIED WITH THE REACTIONS AND RESPONSES OF ADULTS ABOUT THEM AND SPENT CONSIDERABLE ENERGY IN "MOTHERING" THE ADULTS ABOUT THEM. A SMALLER GROUP HAD TAKEN AN OPPOSITE COURSE-SEEMINGLY GIVING UP ON ANY CHANCE OF RELATING NORMALLY TO ADULTS - AND WERE OPPOSITIONAL, WITHDRAWN, OR OBSTREPEROUS.

OVER THE PAST TWO YEARS ALONG WITH TWO COLLEAGUES, PATRICIA BEEZLEY, A SOCIAL WORKER, AND DR. ESTHER CONWAY, A PSYCHOLOGIST, I HAVE COMPLETED A 5 YEAR FOLLOW-UP OF 58 ABUSED CHILDREN. THESE CHILDREN DIFFERED SOMEWHAT FROM ANY ABUSED CHILDREN EVER STUDIED BEFORE, INASMUCH AS THEY HAD SUFFERED LESS SEVERE TRAUMA THAN PREVIOUSLY ABUSED, HAD HAD LESS DRAMATIC

INJURY, SUCH AS MULTIPLE BRUISES, WELTS, BURNS, LACERATIONS, BITES. A HOUSESTAFF OF PEDIATRICIANS EDUCATED BY THE CHILD PROTECTION TEAM HAD BECOME MORE ALERT TO THE POSSIBILITY OF PARENT-INDUCED INJURY WHEN THESE CHILDREN HAD BEEN BROUGHT TO THE HOSPITAL FOR THESE INJURIES. INDEED, WE FELT WE WERE DEALING WITH THE "CREAM OF THE CROP" INASMUCH AS ONLY 33% OF THE 159 CHILDREN WE WANTED TO STUDY WOULD COME IN - THE OTHERS BEING INACCESSIBLE OR REFUSING TO VOLUNTARILY COOPERATE IN THIS FOLLOW-UP STUDY.

EVEN IN THIS GROUP OF CHILDREN, WE WERE DISCOURAGED AT THE EFFECTS OF ABUSE ON THE CHILDREN. WE SAW AN INORDINATE NUMBER OF BORDERLINE AND MILDLY RETARDED CHILDREN. 36% HAD HAD UNDERNUTRITION AT THE TIME OF ABUSE, AND 18 OF THESE 21 CHILREN STILL HAD GROWTH FAILURE. 53% HAD POORLY FUNCTIONING NERVOUS SYSTEMS, WITH 31% HAVING SERIOUS NEUROLOGIC DEFICITS.

THE MOST STRIKING IMPRESSION WE HAD HOWEVER, WAS THAT THE PRINCIPAL PRICE THESE CHILDREN WERE PAYING FOR THEIR ABUSE WAS IN TERMS OF PERSONALITY DEVELOPMENT. VERY FEW CHILDREN WERE CAPABLE OF TRULY ENJOYING THEMSELVES. LOW SELF-ESTEEM, POOR ABILITY TO FORM FRIENDSHIPS, LEARNING DISORDERS, AND BEHAVIOR PROBLEMS WERE COMMON FINDINGS. AFTER ALL, WHAT POSSIBLE WAY MIGHT A CHILD SURVIVE AND LEARN TO LIVE IN A HOME WHERE THERE IS A CONSTANT THREAT OF SERIOUS HARM TO HIMSELF? HE MAY BECOME DOCILE AND TRY EVER SO HARD TO KEEP IN THE GOOD GRACES OF HIS PARENTS BY TRYING TO "TAKE CARE OF" THEM. HE MAY REBEL AND IN A SENSE GIVE UP ON TRYING TO GET ANY LOVE AND TENDERNESS FROM ADULTS. HE MAY WITHDRAW AND TRY TO BE AS UNNOTICEABLE AS POSSIBLE. HE TRULY HAS VERY FEW HEALTHY WAYS TO ADAPT TO THE ABUSIVE ENVIRONMENT.

THE IMPLICATIONS OF OUR STUDIES SUGGEST TO ME THAT NOW IS THE TIME TO INSTITUTE A TWO-PRONGED EFFORT TO HELP THESE CHILDREN. FIRST, WE MUST LEARN MORE ABOUT THE EFFECTS OF THE ABUSIVE HOME AND OF WHAT WE DO

ABOUT ABUSE. FOR INSTANCE, IN OUR 58 CHILDREN, 20 HAD HAD FROM 3-8 HOME CHANGES IN THE 5 YEARS FOLLOWING ABUSE. WHAT IS THE EFFECT OF THIS CONSTANT CHANGING OF HOMES - THE EFFECT OF THE CHILD KNOWING THAT HE IS NOT WANTED, DOES NOT BELONG, AND MAY BE MOVED AT ANY TIME?

THE SECOND PRONG OF THIS EFFORT MUST BE TO FOCUS MORE OF THE TREATMENT ON THE CHILDREN. WORKING WITH THE PARENTS TO CHANGE THEIR ATTITUDES AND BEHAVIORS TOWARDS THE CHILD IS NOT ENOUGH. THE CHILDREN THEMSELVES NEED SOMEONE TO HELP THEM LEARN THAT IT IS POSSIBLE TO TRUST AN ADULT - THAT A GROWN-UP CAN LOVE THEM WITHOUT THEM PAYING THE PRICE OF "TAKING CARE OF" THE GROWN-UP. THE CHILD NEEDS HELP IN UNDERSTANDING WHY HE MUST LEAVE HIS PARENTS. HE NEEDS HELP IN COPING WITH THE INEVITABLE ANGER AND HOPELESSNESS WHICH ACCOMPANIES BEING BEATEN FOR NO GOOD REASON. HE NEEDS HELP IN DEVELOPING MECHANISMS OF LEARNING TO LIVE WITH PARENTS WHO HAVE EMOTIONAL PROBLEMS. THIS HELP MIGHT TAKE A VARIETY OF COURSES. PSYCHOTHERAPY MAY BE NEEDED. PROFESSIONAL WORK WITH THE FOSTER PARENTS TO HELP THE CHILD UNDERSTAND WHAT IS GOING ON IS NEEDED. PRESCHOOLS FOR SUCH CHILDREN WITH SPECIALLY TRAINED TEACHERS COULD BE ATTEMPTED. JUST AS THE CHILD MAY NEED A LEGAL REPRESENTATIVE IN COURT (GUARDIAN AD LITEM), HE JUST AS ASSUREDLY NEEDS A HUMAN REPRESENTATIVE - AN OMBUDSMAN, IF YOU WILL, WHO IS CONCERNED AND ALERT TO HIS EMOTIONAL AND PERSONALITY NEEDS AND HAS THE EXPERIENCE AND TRAINING TO HELP HIM DEAL WITH THE LIFE IN WHICH HE HAS FOUND HIMSELF.

Dr. STEELE. I would like to direct attention now to the treatment of Families Anonymous. We have said now, therefore, for general abuse to occur four things must go wrong: two battering parents, the one who does it and the other one who arranges for it and covers it up but is very much in it. That's bad luck that they met and married each other. When a very deprived person marries another very deprived person and stick together for a very inadequate farce; it is like two people drowning, struggling together.

STATEMENT OF HELEN ALEXANDER, M.S.W., IN CHARGE OF LAY THERAPISTS PROGRAM, NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Miss ALEXANDER. Lay therapists are a group we have been using for 4 years. Essentially they are nonprofessional. They have, to the present time, been all women who are mothers themselves who can appreciate some of the difficult problems families face in rearing young children. They really do have a great deal of empathy for parents who find themselves beyond their strength and find themselves in violent action against the child.

I think this is a very crucial point, that the lay therapist understands or knows that every parent has moments of feeling very uptight with their child. I think there is a very fine line that separates these feelings. The lay therapists have had in their own early experience the loving interest and concern, that they recognize the families that they are working with did not adequately receive. So the whole basis of a lay therapist program is for parents to provide to other parents a kind of mothering, nurturing, warm friendship that will in some respects make up for some of the lack that was experienced in the parents' early lives.

The relationship is very much based on the two people involved. There are no two alike in that sense. What they do together is very much geared to what they can share, how they feel about each other and what seems to be helpful. The time can vary a great deal in terms of what the family feels they need and how much stress they feel and how much time they have been given and need from this loving friend. Essentially the guidelines are that they will be a good friend and they will do essentially what a good friend will do to help someone out when needed.

At the present time we have 10 lay therapists who are involved with over 30 families. They can be involved with up to approximately five families and it will depend a lot on the needs of a particular family and how much time and how many families they will be involved with.

I think the most encouraging thing out of it that we have seen has been this relationship between the parents, the abusing parent, and the lay therapist has been a kind of model for the parent to use in their relationship with their child, a way of saying somebody cares about me, somebody can show interest and respond to my needs, and because of that they begin to be able to respond more adequately to their children's needs.

The other very good feature, it seems to me, is there is somebody so very close to the family, so much involved on a day-to-day basis, that when a crisis does occur, when things do become too much, a trusted friend to whom they can turn to and say, "I need help, I need relief, I need a way out," and they need to be heard and responded to.

I think some of the difficulties that stem from professionals with these families is they don't trust us in those things; we are feared; we are someone to protect yourself against; so consequently the nonprofessional has a real in with a family in a sense they can trust, they can truly trust, them and are trustable.

The families, and the lay therapists, too, truly have gained a mutually beneficial thing out of this relationship. Certainly it has not been a one-way kind of thing. The relationship for both has been a truly loving relationship, and on this basis I think the lay therapist has equally gotten as much out of her relationship with the family as the family has gotten with her.

Senator **Mondale**. Before the hearing was convened I visited with the lay therapists and they were giving me some information. I was very impressed for several reasons. First of all, it is my impression that one of the difficulties in dealing with child abuse is that the parents may know they are abusing the child but they are afraid to go to official government lest they be charged with a crime or their children be taken from them. You know, even though they abuse them, they still want them, and that this kind of unstructured nonpublic, family to family, informal relationship, is one to which they feel they can safely turn, and is a very, very important element in the solution of this problem.

The second thing I like about the lay therapy program is that we have millions of talented mothers who have time on their hands, who have talent, who very much want to help, who cannot take full-time jobs but who on a part-time basis, strictly over the phone and by visiting at least can do a great deal for very inexpensive amounts of money. These women make two bucks an hour.

Miss **Alexander**. I might say that when we initially were interested we had funds for two people; we had 250 letters in the file from people who were interested. So there is no question that in a community the resources are beyond what we could possibly begin to mobilize, and that is the kind of thing that will prevail in any community.

Senator **Mondale**. It is sort of flexible. If you have an upper-middle-class family, parents abusing their children, you can find some other family that they can relate to, you can be very flexible in what kind of relationships that you set up; and, secondly, I think it has a great deal of flexibility. Apparently the lay therapists are available to be called any time of the day or night.

Miss **Alexander**. Twenty-four hours.

Senator **Mondale**. I think it is remarkable.

Miss **Alexander**. The thing that has impressed me, too, is the amount of response these women will give.

Senator **Mondale**. Can you give us a couple of examples?

Miss **Alexander**. In terms of things like 10 o'clock at night the child becomes ill, the mother doesn't have transportation to get the child anywhere for emergency care, who do they call? They call the lay therapist and say, "Will you take me to the emergency room for help with my child?" Prior to that these parents felt there was no one who would respond to them if they said help me. It may be truly a matter of having the availability, of saying there is someone at the other end of the phone when I feel no one cares and when things are going bad, they will listen to me and they will understand, and I think this is a thing they do very well, probably far better than those of us who have been professionally involved with families can do.

Congresswoman SCHROEDER. I was just going to ask a question. I am really committed to what you are doing. I think we have had a feeling that people just don't want to get involved. I think that they do want to get involved but they just don't know how to proceed. One of the things Dr. Martin talked about, and I wondered if you had to deal with it, we talked a lot about the difference between malfeasance and nonfeasance. Malfeasance is when you do something wrong; nonfeasance when you do nothing. The neglect aspect where maybe you do nothing can be almost as bad as if you do something wrong, the mother totally neglecting the child. Has this group been able to handle not only the mother who might do something wrong but also the mother who really does not know how to relate to the child or who just neglects the child. She doesn't have a pattern. I thought I heard you say you also came forth with a pattern of a relationship.

Miss ALEXANDER. Right. We have dealt with families where there has never been actual abuse but has been simply a neglect situation. I think it takes a slightly different relationship in those instances because I think many of those mothers are lacking in skills of how to relate to the child in terms of health, in terms of how to actually do and stimulate things with their child.

One of the other things we have experienced, is that there have been parents who have been afraid to tell anyone or been afraid to acknowledge that they really didn't want that child in the home. Because of the relationship of the lay therapist they finally recognized this with someone who they felt would not say they were bad parents for feeling this way and who could make plans for the child to have an adequate home. Had there not been this kind of relationship it probably would have bungled along indefinitely without ever having been resolved because it is very difficult to go to a professional place where you feel they are going to automatically condemn you, whether they will or won't, you feel that way, and to acknowledge to them I don't feel I can handle this child, I cannot continue this relationship.

Congresswoman SCHROEDER. I think it is embarrassing for a person to say they don't know how to be a parent, they don't know how to relate, or they don't know how to care for a child. It is sort of an inhibition, something you just don't say.

Miss ALEXANDER. There are all kinds of assumptions in our society that you automatically know how to be a parent, that it comes through the birth canals. It is something very much learned. You are essentially the kind of parent you received in your own parent experience. If it wasn't adequate you are going to have a deficit when it comes your turn.

Senator **Randolph.** Miss Alexander, as you talked you brought another word in and that was "neglect." One shades into the other in a sense. What is the bracket of years where child abuse or neglect is most prevalent?

Miss **Alexander.** We worry most for the child under 3.

Senator **Randolph.** Under 3?

Miss **Alexander.** But this does not mean it ends at 3, but certainly the most serious bodily injuries occur under 3. I would say probably from neglect the most difficult, damaging things will occur also in the years under 3.

Dr. **Kempe.** Senator, I note a specific point here. A child's head size does grow at a specific prescribed size rate, which is the rate of development of the brain. The child will always be mentally retarded no matter how adequate the rescue is at, say, age 2 years or 3 years, and, therefore, the first year of the child's life, we will document this in our testimony in writing, since I didn't know this would come up. The nutritional, emotional and physical condition turn on the child's central nervous systementation. Development is crucial in the timetable and cannot be described except in a very narrow span. It is all in the first 1½ years.

Dr. **Steele.** Neglect is a serious problem in American life. Some of it is incidental, some that is accidental, simply not there to feed the child, and some of it is a form of rejection, ultimate rejection, which we can pick up by the simple method of measuring the child's head every 3 months, which in this country does not occur. We force each child to attend school at the age of 6, the child is in society at the age of 6, but between zero and 6 it is entirely up to the parents whether the child's head shall be measured, for that is the parents' privilege.

Lest the professionals in the audience may be concerned about lay therapists being free floating social workers, let me say that is not so. We decide very carefully who is suitable for lay therapy treatment, that 90 percent, not the other 10. They meet in groups of four or five weekly with Miss Alexander or one of the psychiatrists on an ongoing basis, that are carefully consulted for, and we, in turn, are available to the lay therapists 24 hours a day to back them up, so it is not some volunteer system that sort of floats around, it is carefully planned. As a guide for the Welfare Department we work out a treatment plan, this is the right treatment, this is the specific kind of treatment that does occur. The other part is the Families Anonymous, which Miss Hopkins will talk about.

Miss Hopkins.

STATEMENT OF JOAN HOPKINS, R.N., IN CHARGE OF CRISIS NURSERY AND FAMILIES ANONYMOUS NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Mrs. **Hopkins.** Families Anonymous was developed in Denver after a period of time because of the great need for help from parents. It was obvious after every type of advertisement to obtain any publicity about the group that we gave helpful, supporting, mothering care there would be many, many phone calls from people who would say, "I want help. How do I get help? How do I get some of that mothering?" As has been said before, there was not enough people for the

1-to-1 relationships and so I had heard of the Mothers Anonymous group in California and felt that we could do that here. We started the group with three mothers. My husband and I started the group. My husband is a psychiatric social worker and I am a public health nurse.

We felt and still feel that some professionals are needed in the group, because, by history, these parents have had no parenting themselves and do not know where to go for some of the answers, so they must have someone in the group to be able to help them. They also request quite frequently experts to come in and talk to them about budgeting because there are many other things that get in the way of good parenting.

They spent some time with Dr. Kempe in thumbsucking and toilet training. They had Dr. Martin to visit the group to talk about what is the average child, and they had nutritionists to visit the group. They do need and they do feel that they would like to learn better parenting.

One of the great things about this group is that they feel very comfortable with each other and are very willing to help each other. When one person gets in a crisis they call the other. They do have the option of saying, "I can't handle it right now, I am in a crisis myself," but this has never happened. Usually, if the person who gets called is feeling really down, they feel very flattered that someone thinks enough of them that they can offer help at that time.

Since the beginning of the group there has been no one in the group who has abused, has continued abusing. They have learned many, many things about themselves, that they are really good people, that they look like other people, that they act like other people; they have learned to think more highly of themselves. The women are usually the ones who come to the group and ask for help, and they learn in these groups that they are not the sole one who is responsible for the battering, that sometimes their husband adds into this. So, after they declare the group safe and helpful, they drag their husband to the group.

The husband comes into the group and we get into many things like finances, marriage. Many times an entire group is spent on marital communications.

One of the interesting things that my husband has commented on, being a professional social worker, is the difference in the treatment of these people than the typical practice that he has. He says it takes some special type of training to understand what kind of giving. These people will not reach out and say I am a battering parent, please help me; you have to reach out to them. If they don't go to the office, you go to them; if they don't call you, you call them. This is a lot different than the typical teaching that is received for social workers.

Senator MONDALE. We had testimony on Monday from the Parents Anonymous organization in Los Angeles. The witness told us that she had gone to social welfare agencies 8 or 10 times and tried to hint to them that she was beating her child and was really asking for help and said she didn't get it. Now, what is that situation?

Mrs. HOPKINS. That is not unique to welfare agencies. This is heard from our group about psychiatrists, about physicians, about neighbors, that they go to these people and say, "Please help me, I get too angry with my children," and the reply generally is "Doesn't everyone get angry with their children?" and then to be able to say, "Look, I get angry enough I want to kill my children," and they usually get the reply, "Doesn't everyone get angry enough to kill their children?" I think that sometimes that many of the people who are in these helping situations, as Mrs. Jones has said, probably don't want to hear this because they don't know how to deal with child abuse, and that's messy, and that's getting into a field where you can get your feelings hurt, and I might hurt their feelings, so, therefore, I don't want to deal with child abuse so I won't hear the question and then I won't have to give the appropriate answer.

Dr. **Kempe**. The other parameter to the event of the abuse, the crisis, was even the setting of the parents. It takes some crisis to make it go, crying, or a sudden discovery of pregnancy, some crisis. There isn't in this country a place to put a child at no notice at once with no redtape. It is easier to park a car in Denver at any time than to park a baby at 2 o'clock in the morning Saturday night. In the Middle Ages every convent had a place where somebody could place a baby, pull the bell and run like the devil and somebody would take care of that child. This is not true in our society. Today these people are very isolated. There are no neighbors to take the child if you have a big family battle going on. The child must be out of the home during a crisis. We, therefore, feel that every community should think about a safe place for a baby at moments of crisis. We have this, as you saw this morning, because we feel it should be possible any time, day or night, to put a child in a safe place with no questions asked.

Senator **Mondale**. What happens if you want to go to a movie Saturday night and you can't get a baby sitter, would you have a crisis?

Dr. **Kempe**. We have had that experience. There are two questions together. The other one is what happens if they never pick them up. I will answer the second first. If they never pick them up, then the law is the easiest thing for us. That is known as abandonment. There is no problem with the courts about doing something about abandonment. The nicest, cleanest way, unfortunately, in our society, for the parent to deal with this matter, other than abusing the child, is abandonment. I think it is, in fact, telling us something about what the parents feel, that they cannot manage their child. We are saying, "why should the child suffer because of this absolute inability of the parents to function as parents?"

To answer your first question. This has not happened. If it does happen, we will deal with it. The fact is these people will keep the child for periods of 6 hours, sometimes a day, and then the crisis is over.

The other potential, I think there has to be some day care for those mothers who are not wealthy enough to buy it outright or where professional skills can make the money to afford it. Many of our families are really in need, perfectly good mothers, 20 hours a day, 7 days a week, but there are not quite enough for 24. I don't think any of us would be, any fathers would be. We need another backup of the whole backup besides the lay therapists, Families Anonymous. There should be day care, even facilities, 2 hours twice a week. There should be a rest period for parents. The mother needs to be free from the child and have her own life to look after and also to see how other children act. If she thinks her child is a little monster, she may find out her child is like all other little children. She may get some compliments about her child from other mothers. That is important to their therapy. They are simply pleading for a more disciplinary approach in diagnosis and a more disciplinary approach in treatment. To have a setup with a single kind of professional, I wouldn't want just doctors to do this, just lawyers, just social workers, I wouldn't want a single kind of professional.

Brian Fraser just got on board.

Mr. Fraser.

Senator **Randolph**. Before you speak, Mr. Fraser, if you please, I wish to ask Dr. Kempe a question.

You did not speak facetiously about going out and leaving the children?

Dr. **Kempe**. That is happening.

Senator **Randolph**. But as an aside, there was a television channel in Washington, D.C., that for a period of several months began their news program at 10 p.m.—that is Metro Media Channel 5—"Do you know where your children are tonight?' So I called some people and I said, "Why don't you check with phone calls." They did check, Mr. Chairman, and Congressman Schroeder. The first five phone calls that were made little children often answered and said, "We don't know where our parents are."

Dr. **Kempe**. Senator Randolph, in a dog track, which I will identify, in the parking lot of this dog track people took photographs of the cars parked in the parking lot of the dog track and there were children in 1 out of 10 cars locked in. Now, that's true all over this country.

Senator **Randolph**. At the dog tracks in Miami I have seen them by the hundreds locked in cars.

[The information supplied by Joan Hopkins follows:]

FAMILIES ANONYMOUS

Joan Hopkins R. N.

Families Anonymous is a semi self-help group patterned after Alcoholics Anonymous. These groups were started one-and-a-half years ago for the mothers and fathers that felt they needed help in order not to abuse their children. Ideally, both parents should be involved in the group. Research has shown that frequently both parents have experienced similar abuse and deprivation during their childhood; therefore, they support one another in the abuse of their own children. The mother is usually the parent that seeks help. Then, later, recruits her husband into the group after learning to feel she is only partially responsible for the abuse.

The group must have professional guidance, ideally a male and female therapist. Therapist being defined as any professional engaged in the field of human behavior and capable of maintaining an objective, non-punitive attitude toward the participants.

Families Anonymous is designed to encourage the parents to recognize the need to reward themselves and develop confidence and higher self-esteem. This is achieved through a combination of efforts,primarily direct education and support. These groups tend to deal with the action and relate to the results; therefore, they must provide a safe, positive situation where the exchange of ideas,with no fear of rejection or criticism, may flow freely.

The groups often request that a presentation from experts in the child-rearing profession be arranged so that they may learn better parenting. These presentations are made in the casual setting of the group in order to encourage meaningful interaction.

Since the beginning of our groups, the participating parents feel they are much less abusive towards their children, and there has been no re-occurrence of battering. There is obviously no way to know for certain, but we are confident that the program provides an outlet before the abuse takes place. The outlet is the system wherein group members are encouraged to call each other when they feel lonely, discouraged or involved in a crisis. They can safely discuss their feelings and learn from each other how to "cope." They comfortably discuss the need for separation from their children for a few hours or perhaps even foster care for their children.

Families Anonymous is a simple and practical approach to better parenting. The emphasis on parents keeps the interest positive. The combination of the group with individual treatment in most cases produces remarkable changes in a relatively short time.

STATEMENT OF BRIAN FRASER, STAFF ATTORNEY, NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

LEGAL AND LEGISLATIVE STATUS IN 50 STATES

Mr. FRASER. I will be very short.

My principal work up until now has been doing some research on the mandatory reporting status of child abuse, criminal statutes concerning child abuse, and, the second, Colorado's guardian ad litem statute. We compiled these statutes in a 220-page manual, of which I will give you a copy. I have one right here.

As you know, there is an area where the laws are changing very, very rapidly. Since I finished the compilation 1 month ago two States have changed their laws. You reported, I think it was in the green book, volume 2, of "Rights of Children," various mandatory report schedules, only 68 percent of that is current. Eighteen States have changed their laws.

In your possession, are the statistics and conclusions that we have reached through my research—I am just going to cover two points that I think will be of interest to you.

One is that at the present time there is no State statute that requires a multidisciplinary approach to this problem.

Second, we propose that in every case of child abuse a lawyer be appointed to protect the child's interest.

This is covered on page 23 in greater depth of Dr. Kempe's position paper.

I think in the decision of *In re Gault* 1967, the general consensus is that children do have certain rights and privileges, and the basic question is how do we protect these rights and privileges. We believe that a mandatory guardian ad litem should be appointed in every case of child abuse. At the present time there are only two States that require it: one is Colorado and the other is New York. I should say that Maryland and New Jersey are debating right now in their assemblies whether or not to make this guardian ad litem mandatory.

Senator MONDALE. Last week in Washington there was a case involving an infant, 3 months old. The child had been taken away from the parents in a court proceedings and then returned, to the parents without advising the court, and the child was killed. This shows the need for some kind of protection for a child in the nature of an adversary proceeding, in some cases. Now, that raises a question about a national program for hiring lawyers to sue children's parents.

Mr. FRASER. Guardian ad litem is not to sue the parents. It is to protect the child's interest.

Senator MONDALE. Against whom?

Mr. FRASER. It can be the State or the parents.

Senator MONDALE. Who usually does the child abuse?

Mr. FRASER. It is usually the parents. But I don't think it necessarily is internally inconsistent to say that the parents' problems and the child's problems are the same things. In some cases it is better to return the child to the parents, but we need someone there to protect the child's interests.

Senator **Randolph**. Mr. Fraser, in a court case the child is to be placed somewhere. Now, the decision, the policymaking process, who actually does that within our court system generally?

Mr. **Fraser**. It is the judge. The judge says what the law is.

Senator **Randolph**. Does he draw on expertise from people who at least have understanding working with these problems?

Mr. **Fraser**. We find the more knowledgable judges are the judges who are aware of the problem, just what child abuse is. The better judges do take into consultation the social workers, psychiatrists, social workers, and doctors. The poorer ones, unfortunately, don't.

Senator **Randolph**. Maybe, and I am not apologizing for them, maybe they don't know that parents or Families Anonymous exist.

Mr. **Fraser**. Exactly; that is part of the problem.

Senator **Randolph**. You know the communication is poor, don't you?

Mr. **Fraser**. That is true.

Senator **Randolph**. There is a learning process by all people involved.

Dr. **Kempe**. There is a technical misunderstanding, I think, on this matter, and I would like to set it straight. The child is in the court not because of us personally. The procedure is the child is reported by a physician or someone else to the State law. The department of welfare and the police department have, by law, to make an evaluation of the case, and then the decision is made where the child will be heard by the court. That is the first barrier the child has in meeting with society, will the court hear the child—the credibility the court gives to a fraction of the reports made by doctors. That decision is made from county to county, and there are over 3,000 counties in this country, on a totally different basis, depending on social department, the judge, lots of different things. You will be hearing about the strategy. We will be addressing ourselves in just a minute to what can be done about this.

Under the mandatory law guardian bill, in New York and Colorado a law guardian has to be appointed by the judge, at that point, and the judge will then have to listen to an adversary proceeding, in which the child is represented by a defendant counsel. In many cases in this position the judge will uphold the defendant position in court proceedings; no criminal penalties to it; doesn't even say who did it. The child is not in a safe place, and then to send the child home under what we think are very inadequate safeguards, the law guardian can protest that and say it isn't safe, the child is not ready to go home because of, and he cites the data.

I must say to your point, Senator Randolph, that in this State the top fee paid by the State of Colorado is $50. That may be 9 month's work, the fee is $50 in this State. For a misdemeanor defense the fee for a lawyer is, he might get $150 a day. A lawyer in this city might get $150 for defending a case for the State. For a child abuse case the top fee is $50. He might work 90 hours. No matter how much he works it is $50, because children don't get care in this country. We think we are a child-oriented society; we are not; we hate our children.

[The prepared statement of Mr. Fraser follows:]

PREPARED STATEMENT OF BRIAN FRASER, LEGAL AND LEGISLATIVE STATUS IN 50 STATES, STAFF ATTORNEY, NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

I have been working for the past six months in two basic areas. The first was on The Legislative Approach to Child Abuse and the second, Colorado's Guardian Ad Litem Statute.

The first, by definition, encompasses all legislation enacted by the 50 states, the extent of such legislation, faults and trends. The end result is a 220-page report. I will give you a copy. The original research was done at the Supreme Court and University of Colorado Law School libraries. When I had compiled what I believed to be all the relevant statutes in three areas: criminal child abuse statutes, mandatory reporting statutes, and guardian ad litem statutes (somewhat similar to Colorado's), I contacted each state's Legislative Council asking them to double-check our citations and inform us of any new legislation pending in this area. We had replies from 47 states giving us a statistical certainty of at least 94%. The results of our survey show that:

1. Forty-nine out of 50 states require mandatory reporting of suspected abuse. (New Mexico does not but does have a child abuse reporting statute.)

2. The age of the children covered by these statutes ranged from 12 (Georgia) to 18 or any person who is mentally retarded regardless of age (Washington State). The mean ages were 17-18.

3. Every state in the union grants immunity to persons required to report. However, some states grant immunity only in situations regarding civil liability (Connecticut).

4. Thirty-nine states or 78% of the country removed the evidentiary problem of privileged communications in cases of child abuse. The great majority removed the privileged status of communication between husband and wife and doctor and patient. However, in some cases it is either one or the other.

5. Twenty-eight states, 56% have established some sort of central registry for keeping track of suspected cases of child abuse. At least one state's statutes makes provision for the cooperation with other states in exchanging information in this area and establishing a Federal registry (Washington State).

6. Twenty-nine states, 57% provide criminal sanctions for failure to report.

Bare statistics by themselves are meaningless. But by comparing the states old statutes with the legislation now pending in various state assemblies, and statutes recently enacted into law, it is possible to draw certain conclusions regarding the trends in child abuse legislation.

1. The definition of child abuse is being enlarged to cover sexual abuse and emotional abuse (Kansas, Kentucky).
2. The age of children covered by these statutes is increasing; the general compromise seems to be about 18 years old.
3. Immunity is being extended to cover civil and criminal proceedings and any other proceedings which might result from abuse reports.
4. The removal of the privilege status of certain communications
5. More central registries have been established around the country but
    a. There is a general feeling of hostility on the part of many people toward allowing any more infringements, by the government, on citizen's private lives. They generally consider central registries just another invasion of privacy (Idaho).
    b. A great reluctance on the part of states to the establishment of any sort of Federal registry. Hopefully, this can be overcome by 1) good educational programs and 2) proper procedural safeguards in the statute itself.
    c. Many of the central registries are not, at present, functioning properly.
6. Some states are doing away with penal sanctions in the area of mandatory reporting while others are adding them. Arguments both ways to support these propositions. It is almost impossible to make any sort of generalization.
7. At the present time, no state approaches the problem of child abuse from a multi-disciplinary point of view and no really substantive legislation is pending which would include this concept.

8. There is a movement afoot to protect children's interests in cases of child abuse by appointing a guardian ad litem to represent the children (Ohio, Maryland). Colorado and New York already make it mandatory for a guardian to be appointed in cases of suspected child abuse.

And this brings me to my second major project, that of Colorado's Guardian Ad Litem program. At the present time, I have completed the first draft of a book that will outline the law in Colorado, relevant decisions in the area of child abuse and neglect, the role we expect the lawyer to play in this area and how he can best accomplish these aims. Because the problem of child abuse is more than a legal one, about one-half of the book will be devoted to non-legal topics, i.e. sociology, psychiatry and the medical aspects of child abuse. Its function is the same as any other program in this area, an educational one.

The compilation of statutes is in loose-leaf form. We have chosen the loose-leaf binding since the states seem to be in a constant state of flux, revising, amending and repealing their statutes. (To point, your compilation, released in 1972 is now only 68% correct; 18 states have now made or reflect substantial changes from what you initially reported.) Once a year we will mail out amendments, additions etc., to keep the compilation up to date; and subscribers will simply insert the new material into their books, removing the repealed sections. For example, Mississippi revised their statutes three weeks ago and Idaho about one week ago.

We have also made this compilation somewhat different from previous compilations. Part A contains the statutes for each state, verbatim. It is hoped that this form will provide a valuable tool for legislators, like yourself, who are in the process of drawing up new legislation and speakers like Dr. Kempe who need to know that state's relevant language. Part B contains a more traditional synopsis-comparison chart for each state's laws.

Dr. KEMP. Dr. Helfer, please proceed.

STATEMENT OF RAY E. HELFER, M.D., PREDICTIVE STUDIES IN CHILD ABUSE, CONSULTANT PEDIATRICIAN, NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Dr. HELFER. I will summarize my statement. I had good fortune of being here a number of years, having spent a couple of years in New York and the rest of the time in Michigan. I am going to summarize my conviction that the Denver programs that have been discussed are workable, and wish to review with you how it is in the rest of the world.

It is quite clear that we are well on our way to understanding the causes, how to prevent and treat the problem of child abuse and neglect in this country. However, only a small fraction of the 50,000 reports each year of families have access to any kind of treatment program that has any hope of being successful. Taking into consideration that the reporting incidence has increased between 20 and 30 percent each year in the major cities where we have access to these data, and if nothing further is done within the next 10 years, it is clear that the cumulative data in 10 years we will result in 1.5 million children who have been reported of suspected child abuse, approximately 50,000 deaths and 300,000 permanently injured children, most of whom will be brain damaged, and approximately 1 million less injured potential adults who will go to rear their children the way they were reared. This to the siblings of these adults who will probably rear their children the way they were reared in that family situation.

The major problem that we are having today, is to take what we know about prevention, treatment and the causes and implement it into a system that will treat the masses. The system that is currently in operation of providing services to the abused child in a family will never work, and we have very clear cut evidence why the present program is not possibly viable.

The three most important factors are (1) a single disciplinary approach, that is, the department of social service within the State. There is no way in the world of handling a multidisciplinary problem through a single discipline. There are only two exceptions of the 50 States, Hawaii and Alaska. The departments of social services around the country act as unit discipline systems and have very little. if any, access to any of the other disciplines necessary to make the decisions regarding the problem of child abuse. For example, a social worker in a protective service system is required, often forced, to make the decisions around the area of law, medicine, psychiatry, law enforcement, police work. She or he has not had the training to do this. There is no way that a single disciplinary system, that is, the social service system in a given State, can possibly work with this problem alone. That is one reason why the present system won't work.

(2) The other reason is that most, if not all, of the services provided by the department of social services are after-the-fact services.

I did a recent survey of 50 social workers around the country. Less than 20 percent of these 50 workers worked in an area where protective programs were possible. This is a concept that our protective service programs have not adopted, and do not have the personnel or the inclination at this time to do this.

(3) The third reason why our current system will never work is that the protective service programs are not State administered. They are run by autonomous and semiautonomous county units. This presents a horrendous problem. It takes a minimum of 2 years to develop a communitywide, multidisciplinary program, and that's if everybody is working together.

I calculated, very roughly, that if the three medical schools in Michigan were to allocate one pediatrician from each of the schools and give him or her a third of his time to work with the 80-some-odd counties in Michigan, it would take us 15 years to develop a statewide program in Michigan. In each county we have to rediscover the wheel. This is not going to be possible. Even if we did have the time and inclination it is not feasible since the half life of a social worker, a protective social worker, is 1½ years; the half life of a protective services supervisor is 3 years. This doesn't even take into consideration that the judges, the district attorneys, the law enforcement people, and the various hierarchical parts of social service change every 3 to 4 years. Under our present system we do not have the capability of implementing what we know how to do.

I summarized in my statement the components of a protective program for child abuse and neglect. This really must be an integral part of any legislation, and they are as follows:

First, it must be State administered, using Federal guidelines. There is no way around our tremendous problem of having 3,000 to 4,000 counties in this country handle this by themselves. It just cannot continue that the autonomy of the counties can take precedence over this serious problem.

Second, the program must be multidisciplinary. Any legislation must clearly state the States cannot use the money to funnel into a single disciplinary program, they must use some of it to hire consultants, full- or part-time individuals in the various components, in the various disciplines, that are necessary, so that the social workers out in the field are not required to make the decisions and write their own petitions to go to court. They are not trained as lawyers, physicians or psychiatrists. I do not want to say in any way that the protective social worker in the field is not a very capable individual. She is just required to make decisions that she is not expected to do. She is a very integral part of this whole plan.

Third—a two-way statewide registry must be developed as a national reporting document. There is no way today of determining the number of cases that have been reported each year in this country, although each State has a reporting law, each State has its own form. There is no way of accumulating the data. It is not a two-way system. The objective of the registery is to gain access to it and to get information out of it. This does not occur, and the present way that we have of handling this is at best mediocre.

Fourth, all programs for handling the problem of child abuse must contain three very distinct but interrelated units. One, there must be a diagnostic and evaluation section as two arms, acute care and prevention. This diagnostic and early acute section is made up of the type of individuals whom you have heard from today. This group should submit their recommendations to a panel of at least three or four people; probably made up of a physician, a court worker, a court social worker, and a lawyer. These individuals would review the situation and make recommendations whether the case should or should not go to court or whether the child should or should not go home, the type of disposition that should be had, should be made, et cetera.

This proposal is not unique. It is being done in some of the European countries where the panel takes on the responsibility of reviewing the recommendations of diagnostic and evaluation work.

The second component of the three phases of the community education program is a training unit. Individuals who are hired, to help, whether they are lay therapists, individual worker, Families Anonymous, people in mental health programs, what have you, need special training because their background often is not sufficient to permit them to carry on this type of work with abusive parents. They haven't even learned how to like abusive parents. It is very hard to handle individuals that you basically dislike. The whole concept of training is an extremely important part of any program. This could be an arm of any community education unit within any given region or section of the community program.

Finally, the third section of any community program must be a group that has as its major role development of long-term programs within a given community. So that many of the things that were currently discussed, day care, crisis nursery, et cetera, someone has the responsibility to get organized.

Those are the three components of a statewide community type program.

In the proposal there are three other things that I want to mention, the statewide reporting law, which has a number of components—I won't review them with you at this time—they are listed and are extremely important.

Of course there must be State and Federal funds for implementing this type of program, but it does not require nearly as much money as one would expect.

Finally, we would say that a self-assessment and evaluation program to review what is going on through the States, and penalties should be made for the States that do not comply with the regulations that the Federal Government must impose.

Let me review and summarize by saying that there is no way our present system can work. Some basic changes must be made, and I think they have to be made federally. It is much too difficult a task to develop 3,000 to 4,000 programs in the country, even too long a task to convince 50 departments of social service within a given State to change their views on how they handle abuse and neglect. I think the only quick way to deal with this problem is by mandating the kinds of things that we are recommending in these position papers.

I thank you.

Senator RANDOLPH. You will recall, Mr. Chairman, that the administration when it appeared before our subcommittee indicated that there was one level of government which could bring the programs into solution for abused children. This would be the State level.

When we think of the multidisciplinary approach that you have mentioned, is there the mechanism within the States to do this job?

Dr. **Helfer**. Currently none of the States, with the possible exception of the two that I mentioned, which ironically are the last two that come aboard, that have a system that would allow them to handle any program in a multidisciplinary way. There are scattered examples of this being attempted in a number of States. They are functioning under a vertical service program; the law is this way and the law enforcement is straight up. There are some very major changes that have to be made in a State system to allow a multidisciplinary unit to occur. I think how it happened and how they achieved it would probably vary within each State. But to answer specifically, currently there is not a good, demonstrable example in most States of how this could be implemented.

Dr. **Kempe**. Hawaii is an example,.Senator Randolph, where it has been possible to do that, to mandate it, and Hawaii does appropriate money for this disciplinary team.

While we are at this, somebody asked before what the cost of all of this is. The basic multidisciplinary team such as Hawaii has and such as this hospital has, and there must be 50 in this country, the cost is roughly $70,000 for that, that is to say, that will provide not just the basic intake medically but the chief providers for the family carrying the case through, but it will not take care of long-term treatment. That will have to be done by the welfare department who is authorized by law to do it. The cost of an entire setup, you know, a center such as ours, is something like $250,000. That is when you teach and train and make teaching aids and train people coming and have crisis nurseries, day care, and lay therapists, and everything. But let's put that in total amounts. If you have 40 teams of the kind that is basically required, that would be $3 million a year; that's that much. If you had a hundred teams, which would be plenty, five could be in New York and some of the huge States, California; that is, 7.5 million. If you had 20 centers of the complete kind, the total cost of 20 centers would be $5 million. I know that's all big money, you know, but I want you to know what the national cost might be of such a program. It is a lot of money but it isn't out of this world.

Senator **Randolph**. Dr. Kempe, could you have Mr. George Knox, the administrator of your program, supply to the subcommittee estimated budgets for the components of a center? I don't think it is a lot of money. You see, I don't look upon it as an expenditure. I look upon it as an investment. It will bring back not only the individual amount of money that has been spent State by State through the teams you mentioned, I think a dividend will come back to America as a whole.

I think in these days when we talk about funding programs, spending money, we must think when the dollar is spent what is happening to it. Is it a dollar that causes someone perhaps to exist to where they might be lost in the shuffle? Is it a dollar that is spent on education of someone who hopefully will return it manifold?

I think in the program that you are speaking of, I want to underscore it, Mr. Chairman, that it seems to me that it has to be done. Do you agree?

Dr. **Kempe**. Oh, yes.

[The information requested and substantially supplied follows:]

UNIVERSITY OF COLORADO
MEDICAL CENTER
4200 EAST NINTH AVENUE
DENVER COLORADO 80220

COLORADO GENERAL HOSPITAL
COLORADO PSYCHIATRIC HOSPITAL
CHILDREN'S DIAGNOSTIC CENTER
SCHOOL OF MEDICINE
SCHOOL OF NURSING
SCHOOL OF DENTISTRY

DEPARTMENT OF PEDIATRICS

APR 16 1973

April 11, 1973

Senator Jennings Randolph
United States Senate Office Building
Washington, D.C.

Dear Senator Randolph:

As you requested during the Senate sub-committee hearing, I am enclosing the estimated budgets for the various components making up a Regional Center. The budgets are figured on a population base of the metropolitan area of Denver which is approximately 1,500,000 and the overall Rocky Mountain Region of approximately 3,000,000. The estimated cost to create other Regional Centers would be more or less, depending on the size of the population they are serving.

I am assuming, from the discussion at the hearing, that there could be two types of programs funded. The first would be a hospital-based Child Protection Team and the second would be a Regional Training Center for the Prevention and Treatment of Child Abuse.

The hospital-based Child Protection Team will be only for the diagnosis of child abuse, reporting child abuse cases to the Welfare Department, and treatment for child abuse cases whenever possible. There will be no provisions for long-term treatment or training of other Child Protection Teams in this concept.

The Regional Training Center for the Prevention and Treatment of Child Abuse will provide diagnosis and treatment of child abuse cases, provide a training program, provide local child protection teams, provide legal assistance to the courts, provide a crisis nursery, provide a Day Care Center, and provide a family anonymous program. The Regional Center is broken down into eight sections which I will briefly explain.

1. The Child Protection Team will provide the core professional personnel for the diagnosis and treatment of child abuse, provide a training program, and provide professional expertise for the other programs.

2. The Crisis Nursery will provide care for the Failure-To-Thrive children, handle short-term crisis situations, and teach parents how to relate to their child. Presently, if the child or mother entered a hospital, the cost would be more than $100 per day without giving the child or mother the help they need; which can be obtained at the crisis nursery at a lower cost. We are seeking to make the crisis nursery an

extended care facility of Colorado General Hospital. If we do become an extended care facility, we can charge third parties for services rendered and the funds generated would help offset the cost of the crisis nursery.

3. The Day Care Program will provide facilities for children of former or present patients. This will enable the parents to have the opportunity to be away from their child and to observe other children at play.

4. The Lay Therapist Program will provide long-term supportive help to the parents.

5. The Family Anonymous group will provide an opportunity to relate to other parents.

6. The Educational Program will be concerned with the development of films, tapes and other educational materials for the training programs for a variety of persons interested in child abuse.

7. The Legal Assistance is an idea I had that might be included in the resources of the Regional Center. Presently, the legal guardian of a battered child only receives $50 for his services to the child, even if he puts in 40 to 80 hours on the case. The legal assistance will provide additional support to the legal guardian by supplementing the $50 fee he receives from the court.

8. The local Child Protection Teams will consist of a pediatrician, psychiatrist, social worker and a secretary. But in certain cases, such as in rural areas, there may not be a pediatrician or psychiatrist available, so substitutes would have to be sought or a consultant made available. If Denver was the Regional Center for the Rocky Mountain Area, it could support about 13 local Teams which could be:

MONTANA	Billings
WYOMING	Cheyenne
	Casper
NEBRASKA	Scottsbluff
COLORADO	Denver
	Colorado Springs
	Pueblo
	Alamosa
	Durango
	Lamar
	Grand Junction
	Greeley
	Fort Collins

The local Child Protection Teams for the Rocky Mountain Region will be based on areas of square miles covered and not on population. It is more expensive to support Child Protection Teams in rural areas because

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the physical barriers between the scarcely populated areas limit the ability of the Team to travel between small towns.

The figures are for direct cost only. The indirect cost for various medical schools throughout the country vary from 30% to 80% of salaries and wages. Also, consideration should be given to the amount the agency who administrates the Act will take off the top.

Sincerely,

George Knox

George Knox
Administrator
Department of Pediatrics

GK/cr
Enc.

HOSPITAL-BASED CHILD PROTECTION TEAM

	%	AMOUNT
Pediatrician	50	$15,000
Psychiatrist	50	17,500
Social Worker	100	11,000
Coordinator	100	8,000
Social Worker	100	11,000
Secretary	100	6,000
Fringe Benefits		5,800
Supplies		500
Travel		1,000
TOTAL		$75,800

REGIONAL TRAINING CENTER

	HRS.	AMOUNT	TOTAL
Child Protection Team			
Director		$35,000	
Pediatrician		30,000	
Psychiatrist		35,000	
Attorney		15,000	
Social Worker		11,500	
Social Worker		10,000	
Social Worker		11,000	
Public Health Nurse		11,000	
Administrator		15,000	
Coordinator-Patient Care		8,000	
Secretary		6,600	
Secretary		6,360	
Fringe Benefits		16,500	
Rent		20,000	
Travel		6,000	
Supplies		3,000	
Telephone		2,000	$241,960
Crisis Nursery Program			
Co-Director	40	7,500	
Motherly Aide-Night Shift	40	5,200	
Motherly Aide-Night Shift	16	2,080	
Motherly Aide-Evening Shift	40	5,200	
Motherly Aide-Evening Shift	16	2,080	
Motherly Aide-Weekend Shift	16	2,080	
Shift coverage for vacations, etc.		3,600	
Fringe Benefits		2,360	
Supplies		1,500	
Food		4,200	
Patient transportation-Taxi service		750	
Laundry		720	$37,270
Lay Therapist Program			
12-15 Lay therapists at $2.16/hr to $2.51/hr		35,000	
Mileage Expense		3,000	$38,000
Family Anonymous			
Telephone Answering Service		800	
Supplies		240	$1,040

REGIONAL TRAINING CENTER (cont.)

	HRS.	AMOUNT	TOTAL
Education Programs			
Educator	40	$14,000	
Coordinator-Ed. activities		8,400	
Supplies, film, tapes, etc.		6,000	$28,400
Day Care Center			
Motherly Aide	40	6,000	
Motherly Aide	20	3,000	
Supplies		600	
Taxi		600	$10,200
Legal Assistance			
Supplement Legal Guardians		20,000	$20,000
TOTAL COST OF REGIONAL CENTER			$376,870
Local Team:			
Pediatrician	10	6,500	
Psychiatrist	10	6,500	
Social Worker	40	11,000	
Secretary	40	6,060	
Fringe Benefits		2,500	
Supplies		300	
Telephone		750	
Travel		1,000	
Cost Per Team		34,610	
13 TEAMS			$449,930
TOTAL COST OF REGIONAL CENTER WITH ADDITIONAL TEAMS			$826,800

DESCRIPTION

The National Center for the Prevention and Treatment of Child Abuse and Neglect was established in the fall of 1972. The objectives of the National Center are two-fold: first, to provide the professional working in the field of child abuse with the most extensive and up-to-date educational, research and clinical materials available and second, to provide an on-going serviceto families in crisis situations.

The staff of the National Center developed their clinical skills as members of the Child Protection Team which originated in the Department of Pediatrics at the University of Colorado under the direction of Dr. C. Henry Kempe in 1958. Dr. Brandt Steele, a psychiatrist, and Dr. Kempe became interested in children who were seen both on the wards and in the emergency room and having, what appeared to be, non-accidental injuries. It soon became apparent that the complexities of family-child relationships required a multi-disciplinary team approach for both diagnostic and management purposes. The need for consultative, evaluative and research programs became readily apparent. Our multi-discipline, hospital-based care team consists of pediatricians, social workers, psychiatrists and a hospital coordinator.

Based upon the experiences of the team, the need for a National Center evolved. To meet the educational demands and consultative needs of a variety of disciplines, the National Center has a staff of physicians social workers, psychiatrists, a psychologist, nurses, a lawyer, research technologists, a coordinator and secretaries. The facility also houses a library of pertinent literature, videotape equipment, audio-visual aids, tape cassettes for use in teaching and self-instructio

Arrangements to use these educational materials and to tour the National Center can be made through the Coordinator of the National Center.

Our definition of a Battered Child is: "Any child whose health and development are impaired or endangered for reasons of physical assault or a failure to provide adequate care and protection." It is evident that child abuse and neglect encompass a wide spectrum of clinical manifestations and are not confined to any one social, economic or ethnic group.

PROCEDURES: Child Protection Team

When a patient is referred for evaluation, a pediatrician from the Team provides the medical consultation. Both parents are interviewed by a social worker and a psychiatric evaluation is also requested. A weekly staff conference is held to recommend disposition after all information is presented.

We receive referrals not only from our own hospital, both in-patients and out-patients, but from welfare departments, schools, physicians and other hospitals throughout the state. There are also a small number of self-referrals. We have office records on over 450 families referred to us since about 1965; approximately 150 cases a year, with about 30% of that figure reported to welfare and 10% of the children in such families in temporary foster care. We are not officially allied with any other agency but serve as consultants to local welfare departments, mental health centers, clinics, hospitals and physicians.

THERAPEUTIC APPROACHES

Lay Therapists: These are non-professional persons who are reasonably successful parents themselves, who have experienced a "happy" childhood, and who have had a warm relationship with their own parents. Their role is non-judgmental, supportive and helpful Their interaction is primarily with the parents, most often with the mother. Rarely is it possible for a lay therapist to assist more than two families at any one time. Weekly group discussion sessions are held with the lay therapists, their supervising social worker and a psychiatrist.

Families Anonymous: This self-help group was organized to offer parents of abused children the opportunity to meet with other parents. Both parents must attend and the size of the group varies from six to a maximum of ten persons. The discussion is free and open with the group members primarily responsible for the exchange. A professional staff person attends the sessions but does not lead or actively participate. There is a 24-hour telephone answering service and members exchange phone numbers so that an "understanding friend" is always available in times of need or crisis.

Crisis Nursery: This unit is available on a 24-hour basis and is intended to provide emergency, short-term care for the infant in times of "crisis." The parent may feel unable to cope at the time and will be able to have the baby admitted to the crisis nursery without red tape and with a minimum of questions or delay. In addition, this "rescue" service is available to any young mother on the obstetrical wards who is having difficulty relating to her child, or for a failure to thrive baby, where normal weight gain or development is lacking. Both mother and child can be admitted in "rooming-in" fashion where the mother can receive assistance in developing "parenting" skills.

STAFF ATTORNEY

Our legal counsel advises on all legal matters in which the Center may become involved and researches legal aspects of child abuse and neglect cases. Current legislation from all 50 states is continually evaluated, progressive measures noted and made available for circulation to interested parties. Court actions and dispositions are reviewed. Colorado's Children's Code, which has recently been revised, includes the provision for the mandatory appointment of a Guardian Ad Litem to act in the best interests of the child in all cases of suspected child abuse. Our attorney is also available to consult with various agencies and community groups on procedural matters regarding the law and its application to the rights of battered children.

LIBRARY AND SELF-TEACHING UNIT

Under preparation is a complete collection of all written material covering the pediatric, psychiatric and sociological aspects of child abuse. In addition, we are creating a series of slides, tapes and video-cassettes dealing with interview techniques, court proceedings, laws, diagnoses, protective services, behavior of abused children, etc. This material will be available to anyone visiting the Center or by mail where a visit is impracticable.

RESEARCH AND STUDIES

Predictive Study: This study is designed to establish criteria for identifying and helping mothers who appear to be at risk and possibly unable to make positive, healthy attachments to their children. Screening of pregnant women begins in the Ob-Gyn Clinic. Women who have unreasonable levels of expectation toward newborns and who seem to have problems with basic mother-crafting are observed during labor, delivery and in the post-partum period. If it is felt that the mother is "high risk" she will be randomly placed in one of two groups: an intervene group or a non-intervene group. The hospital contacts are documented and the success of intervention will be based on the mother's ability to utilize intensive follow-up care.

Follow-up Study: A retrospective study of 58 physically abused children has been completed. The effects of the abuse and the abusive environment on the neurological, cognitive, emotional and social development of the children was investigated. A review of the literature and a series of articles pertaining to physical, cognitive and emotional findings will be forthcoming.

Study of Development of Abused Children: This investigation will extend the findings of the Follow-up Study. Personality characteristics of abused children in a limited age range will be compared with those of a normal control group. A program of play therapy will be instituted for one year to alleviate some of the symptoms shown by the abused children. In addition, changes in the group receiving play therapy will be compared with changes in a group of abused children receiving no intervention.

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EDUCATIONAL PROGRAMS

The Office of Post-Graduate Education of the University of Colorado Medical Center sponsors one or more conferences a year on "The Battered Child" (for approximately 250 registrants). Individuals and small groups are welcome to attend our monthly sessions to view films, hear tapes and tour our facilities. Team members are available periodically to attend conferences out of state as guest speakers and to offer their assistance to other agencies in setting up child abuse centers. The Newsletter will contain information regarding activities in the field of child abuse, collected from nationwide sources, to reflect current trends and procedures.

SUMMARY

Helping the battered child and his family is a primary focus of the Child Protection Team. The hope is that the child will benefit through knowledgeable intervention by the Juvenile Courts, possibly by being placed in a foster care situation or, if necessary, through termination of parental rights. The great majority of parents are able to function more effectively with guidance, counseling from a behavioral scientist, a lay therapist, through Families Anonymous programs, whichever seems most appropriate. This multi-disciplinary approach has been very rewarding in our experience.

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Dr. KEMPE. Let me ask. Dr. Martin, what is the cost of a single mentally retarded child in the State of Colorado, roughly?

Senator MONDALE. To society, you mean?

Dr. KEMPE. Well, to society, if you think of the taxpayers' investment of retaining a child at, say, one of our retarded institutions.

Dr. MARTIN. It may vary anywhere from $5,000 to $10,000 a year.

Dr. KEMPE. I know over a lifetime of 50 years or longer that is a lot of money.

Dr. HELFER. The recent lawsuit that was settled in California on one retarded child, the lawsuit was settled for $600,000. This was a lawsuit where people in the community group were not reporting a case of child abuse. They settled for the cost of the child's care for the next extrapolated number of years.

Dr. KEMPE. $600,000 against the physician; $50,000 against the chief of police; and $50,000 against the welfare department for taking no action on the case.

We would like to summarize. I know the hour is late. We still want to hear from Dr. Francis. We have put a price tag of some kind on this, we are not just talking about vague programs. With your permission I would just like to briefly repeat it. It will just take a minute.

The cost of a child protection team which is hospital based where the child does come in, that gives the basic services required, in close cooperation with the welfare department, that is $75,000 a year. Just the child abuse team, if that group had $75,000, they could do a very good job, working closely with the welfare department. So 40 of those around the country means $3 million. A hundred around the country, which, I think, is the right number, would be $7.5 million. If that's too much, the alternative is to have regional centers. 20—this could be one—which would give the comprehensive diagnosis, evaluation, court case, and treatment, all of which you heard about this morning, that costs $250,000 a year, which is our current budget, all private funds. And the cost of that would be $5 million and 20 centers.

When I was saying this was a lot of money and Senator Randolph corrected me. I was grateful for this correction.

Congresswoman SCHROEDER. The second stage of the Victorian age. I loved your comment about how it used to be we didn't talk about the act of bringing children into the world but now we don't talk about the children.

Senator MONDALE. We had testimony from the administration that this problem was being handled at the State and local level and that several hundred million dollars would be spent over the next decade on child protection, which includes the question of child abuse; and that it would be inappropriate for the Federal Government to provide a focus of the kind you suggested.

Would you say the present response in this country to child abuse is adequate, or anywhere near adequate, or how would you describe the adequacy of service in this area today?

Dr. KEMPE. I would say it is a national disgrace. I will say that because we have great concern for all phases of children, including education. I am not downgrading any other program for child health, child education, all are important, but the idea a child should be in prived of constitutional rights which is a Federal right, basic Federal development, so he can reach school age.

Let me give an example. We don't want to become totalitarian and invade. In Russia you can't have any child abuse because the child belongs to the state and you can't damage state property. In our country the child belongs to the parents like a pair of shoes. We all say the child belongs to himself in the care of the parents. It is relevant. The parents cannot take good care of it before we intervene. All I want is the child in society before age 6. Obviously, you have to get the child's problems which can be present from birth to age 6, when he is in school, and then he is in society. It does mean maybe compulsory access to a doctor's office or some way someone can take a look at the child other than at the supermarket or a neighbor saying that the child may need help.

Scotland is a free country. I don't know a freer country than the Scots. There is a health visitor for every Scottish child. It doesn't have to be a nurse, a knowledgeable person, in to see the child, how are you feeling, the child looks poorly, into the clinic, into the doctor; no warrant for entry; it is not considered anything bad. If you are not visited, you complain you are deprived of a right. I should think we can turn this around in this country, you can do it around health, people don't like Gestapo tactics, they do not like us, they do not like welfare, they do not like the police, but they like help. The concept of the health visit on behalf of the family is not to check out whether or not the mother is doing a good job with the child. A health visit on behalf of the family for the mother, for the father, for the child, is so attractive to them and so acceptable to the public and so cheap, and it would for the first time bring the child before society before the age of 6. You see the child attends school or both parents will go to prison. We think so highly of education. A child does not have to be checked for his head size or weight in this country ever. Haven't we already done something, you can't get married in this country without getting a blood test for syphilis because we want to protect the baby against syphilis. Every baby in this country is treated to prevent glaucoma of the eyes. We are already invading the privilege of parents for health care before they are ever married and as soon as the baby is born by those two acts which are the State laws. It doesn't seem to me to be too far a step legally or constitutionally, but I may be wrong, to say minimal health care, minimal health provision, is the right of a child.

Congresswoman SCHROEDER. May I ask a question about protection of mothers? I am fascinated by many European countries and the legislation they have in support of the mothers, especially where they have an important role, and in Germany regarding breast feeding. I know they are also trying to get day care centers right within the working place. I know they also give women an extra day off a month, I think it is, I am not sure exactly; they also permit vacations for mothers from the children. We have never done this in this country. We have always assumed that mothers in 8 weeks should be able to perform normally, be superhuman. Do you think any kind of support to the parent, anything that would be in any way to——

Dr. **Kempe.** Mrs. Schroeder, I think the history of why our country does as it does is a noble one. We are self-reliant as a people; it is a tradition that you do for yourself. I don't want to say, you know, deny that and say it is a bad idea. Self-reliance is a great thing.

Mrs. **Schroeder.** I agree.

Dr. **Kempe.** But people all need help because self-reliance was easier when you had your mother there and your grandmother there and an aunt down the street; there was also the community and the church; there was a great deal of support available right in town. This country is not in that position any more. Families are isolated. They don't have the support, therefore the need for the things, as you say, wasn't as great 50 years ago, but it is certainly very great now. They are not invading the privacy of the home. They are not making babies out of American citizens; they are allowing them to be better families. A mother who is a perfectly competent mother most of the time, to force her to be a perfect mother 7 days a week, 24 hours a day, is economically a mistake, and I think is ruinous.

One thing we have learned about this, you have to separate mothering, parenting, fathers are involved. Some people need a little help; some people need a lot of help. We should give them the help they need. Some people need no help; terrific.

Dr. **Helfer.** I should point out your question on the administration, the only thing correct about the statement is a lot of money is spent. I think we have a good deal of evidence that they would like to spend some time in Chicago. It would be very helpful because Chicago loses one child a week from child abuse. That doesn't mention the number of cases that are brain damaged in Chicago.

Dr. **Kempe.** Six a week.

Dr. **Helfer.** By the type of programs that are just not the right type. There is adequate data to indicate the amount of money that is spent isn't being correctly spent; the rest of the statement is clearly at fault.

Dr. **Kempe.** The money is there because if this country decided without any money being added to the tax rolls or increasing the budget at all, if this country decided, for example, to change from all proprietary drugs to all genetic drugs in medicare and medicaid, that would pick up $50 to $70 million without costing any medicare or medicaid recipient one dime. We are talking about a total appropriation in the range of, if you don't have any money, $3 million; if you have a lot, $7.5.

Senator **Randolph.** Dr. Kempe, I wish you could be heard by millions of people. You are an ardent and very effective advocate, and this is the problem so many times, the failure of people to really know. I don't want to use the word "ignorant." But it is true they don't know, Doctor, they don't hear what you are saying; they don't understand that this is a time when we must take some very, you know, strong thrusts, as our chairman would say, to bring this in focus.

I was discouraged, Mr. Chairman, when the administration said that it believed that the money for what he called protective services, that is what they were interested in, but no money for the categorical subject matter of child abuse. I wonder how they advocate or explain this is their position, and, therefore, it concerns us. I don't want a confrontation between Congress and the executive branch of Government, but there are times when this has to occur, and this is one of them, I think. Congress is at fault, Mr. Chairman, in perhaps not having done something. We act after the fact, as someone has said so often, and yet, you know I don't think we have really known. Now that we know, those of us who know, there is a responsibility on you and on Congresswoman Schroeder, all the people in the Congress, not that we just know it, but that we do something very constructive about it. I feel that we can and I feel we must. If we have to tread on some toes, you know, break some barriers, why, this has to be done.

Thank you for this wonderful panel.

[The information supplied by Dr. Ray E. Helfer follows:]

POSITION PAPER FOR HEARINGS OF THE SUB-COMMITTEE OF CHILDREN AND YOUTH OF THE COMMITTEE OF LABOR AND PUBLIC WELFARE, United States Senate

March 31, 1973
Denver, Colorado

CHILD ABUSE AND NEGLECT

Ray E. Helfer, M.D.
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East Lansing, Michigan 48823

The experience and research of the last ten years brought forth an in-depth understanding of the causes of child abuse and neglect. This, in turn, has led to the development of therapeutic models which have been shown to be both effective and efficient. At the present time, however, only a small fraction of the 50,000 - 60,000 children who are abused and neglected annually in the United States have access to a family oriented treatment program which have been shown to be successful.

Taking into consideration that the number of reports of suspected child abuse increases by 20 - 30% annually (some cities have noted a much greater rise than this), the next ten years will bring forth, unless some changes are made in the accessibility of effective prevention and treatment programs, the following minimum estimates:

1.5 million cases of suspected child abuse and neglect
50,000 deaths
300,000 permanently injured children (most of whom will be brain damaged)
1 million potential parents who will rear their children in the same manner in which they were reared

MAJOR PROBLEM

The single, most important problem that must be resolved within the next decade is:

"TO BRING OUR PRESENT-DAY KNOWLEDGE OF THE CAUSE, PREVENTION, AND TREATMENT OF CHILD ABUSE AND NEGLECT TO THE MASSES".

The current system of providing services to the abused child and his family can never be successful. The masses will not be helped because:

1. A single disciplinary program (i.e. a Department of Social Services) cannot resolve a multi-disciplinary problem.

> Social Service workers around the country are expected (indeed often forced) to make legal, medical, and psychiatric decisions for which they are not trained; to act as law enforcement officers and judges; and to provide long-term treatment for which they have no time.

2. Most, if not all, of the services provided by the Departments of Social Service are after-the-fact services.

> A recent survey of 50 Protective Service workers from various parts of this country indicated that less than 20% worked in departments where the development of preventive programs and services were possible.

3. Protective Service programs are not state administered, rather they are run by autonomous or semi-autonomous county units.

> Even with the utmost cooperation from all the disciplines within a given community, a minimum of two years are required to develop a coordinated multi-disciplinary child abuse and neglect program. If the three medical schools in Michigan were to make available a pediatrician to spend one-third of his time as a consultant to the 86 counties in the state, it would require 15 years to develop a coordinated child abuse and neglect program in every county. Considering that the half-life of Protective Service workers is a year and a half and three years for Protective Service supervisors, in addition to a change in directors of Social Services, judges, law enforcement officers and prosecuting attorneys each three to four years, a state-wide program for child abuse and neglect can never be accomplished under a system which requires the rediscovering of the wheel in each separate county unit.

COMPONENTS FOR A SUCCESSFUL CHILD ABUSE AND NEGLECT SERVICE PROGRAM

A successful child abuse/neglect service program must have the following components:

1. State administered using federal guidelines.

   Regional and city programs are more than likely to be necessary and feasible as long as they are directly responsible to an overall state program.

2. Multi-disciplinary in make up.

   Since states do not have, under their present structure, multi-disciplinary departments, the child abuse/neglect programs will probably require a restructuring of the present verticle single-disciplinary departments in order to develop some type of horizontal multi-disciplinary units.

3. A two-way, state-wide registry for all cases which will be part of a national registry system and make use of a national reporting document.

4. Contain three distinct, but interrelated, segments which are as follow:

   a. A diagnostic and evaluation unit. (This is an expansion and augmentation of our currently operating Protective Service system.)

      This diagnostic and evaluation unit must have two distinct roles, i.e. early recognition program and acute care program. The various disciplines which make up the unit would be required to make recommendations to a panel consisting of a social worker, lawyer, and physician (which is the expansion of the present social service arm of the probate or juvenile court). This panel would be required to review each case, make a determination about disposition, which may or may not incorporate the courts, but must incorporate a long-term treatment and follow-up plan.

   b. An educational and training unit. (This is an expansion of the present community educational programs, community colleges, local universities, etc., and should be an arm of the National Training Center in Denver.)

      This educational and training unit must have at least three ongoing programs which would be short-term training for workers in any of the disciplines involved, family rearing and child development courses for parents, and general public relations for the overall program.

   c. Long-term treatment development unit. (This is an expanded role of present state and private services currently available in almost all areas.)

This long-term treatment development unit would be required to coordinate in a consortium of multiple therapeutic programs, such as parents aides, day care, crisis nurseries, therapeutic foster homes, Parents Anonymous, group therapy, etc. This group would develop and help initiate but not be expected to operate these multiple programs since this would be the responsibility of the individual group or agency involved.

5. A state reporting law which must contain the following components:

   a. A requirement to report all suspected cases of abuse and neglect.

   b. A clear, nationally accepted, definition of abuse and neglect.

   c. Define who is required to report.

   d. Require that the report be made both by phone and in writing.

   e. Define penalties for not reporting.

   f. Protect the individual reporting from libel suits.

   g. Provide for a state registry which is part of the national system and uses a standardized reporting form.

   h. Require photographs and/or movies to be taken of all suspected cases.

   i. Define one state-administered, multi-disciplinary program which is responsible for receiving and acting upon each report.

   j. Define the steps taken by this program after receiving the report.

   k. Provide for immediate removal privilege on a 24-hour basis in case of emergency.

   l. Require legal representation for all, including the state's program, the parents, and the child.

6. State and federal funds for implementing the program.

7. A self-assessment and evaluation program which is carried out on ongoing basis throughout the state.

Penalties must be imposed upon those regions or communities not complying with minimal standards established by the state program under the federal guidelines.

Summary

CHILD ABUSE AND NEGLECT

Ray E. Helfer, M.D.

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Components for a Successful Child Abuse and Neglect Service Program

A successful child abuse/neglect service program must have the following components:

1. State administered using federal guidelines.
2. Multi-disciplinary in make up.
3. A two-way, state-wide registry for all cases which will be part of a national registry system and make use of a national reporting document.
4. Contain three distinct, but interrelated, segments which are as follow:
   a. A diagnostic and evaluation unit.
   b. An educational and training unit.
   c. Long-term treatment development unit.
5. A state reporting law.
6. State and federal funds for implementing the program.
7. A self-assessment and evaluation program which is carried out on ongoing basis throughout the state.

Dr. **Kempe.** Senator, I am sorry we have run late. Dr. DeFrancis was to speak first and for some reason this was changed.

This is Dr. Vincent De Francis, director, children's division of the American Humane Association, which has done pioneer work for the last many, many years. He himself has gone all over the country. He has set up programs and helped teach.

Senator **Mondale.** We appreciate your patience because we do know that in this field you have been one of the first to speak out and explain and get this to move so we owe an enormous debt to you for that leadership.

STATEMENT OF DR. VINCENT DE FRANCIS, J.D., DIRECTOR, CHILDREN'S DIVISION, THE AMERICAN HUMANE ASSOCIATION

Dr. **De Francis.** Thank you, Mr. Chairman.

Senator Randolph, in the invitation to testify before the committee, Senator Mondale directed that I make three additions, the history of the involvement of the American Humane Association, not the society, the association, and relating to what we would see the Federal role being and commenting on the whole legislation. I think I have dealt with that in the material which I have submitted.

In passing, let me say we have done a great deal of research. We have produced materials which I have made available to the committee. We have assessed the status of protective services. On two separate occasions within a 10-year interval we have noted the progress of the field. My purpose in testifying is to indicate where the weaknesses lie.

First, let me begin by broadening our consideration. Senator Randolph made a point which I think is quite significant. We are concerned about the abused child, but children are abused in many ways, not purely the battered child, we have children who are sexually abused, we have children who are psychologically abused, we have children who are neglected in a host of ways. If we are going to address ourselves to the problems of children who need help we must address ourselves to the entire problem.

Putting this in perspective, based upon an estimate—there are no statistics available—but based upon an educated estimate in my travels around the country, membership and we have protective agencies membership all over the country and what they feed into us we estimate there must be somewhere between 30,000 and perhaps 40,000 at the outside of truly battered children but there must be at least 100,000 children each year who are sexually abused and probably two or three times that number of children who are psychologically damaged, children who are what we call emotionally neglected but psychologically abused is a better term.

What are we doing for them? First, let's recognize the propriety of the problem. George Bernard Shaw said something in his memorable fashion, he said, "Parenting is an important profession but what test of fitness is ever imposed in the interest of children," or putting it differently people become parents without being prepared for that responsibility. Much of what we call neglect, much of what we call abuse, stems from that very first premise.

Then, not to oversimplify, there have been a lot of things said by this group, and may I add a word of comment which is not really necessary, they have done some magnificent work, they have done some pioneering work, they have opened the eyes of the entire world, not just this country, to some of the dimensions of these problems. But I think there are some areas that need to be expanded.

Why do parents neglect or abuse children? They may be repeating a family problem, as has been said, or they may be parents who are immature, not necessarily chronologically, they may be immature in terms of emotional levels. Chronologically they may be adults, but they have achieved almost and stayed at an adolescent level in terms of emotional development. They react in the same manner, the same rebellious manner, which the adolescent does. When children get in the way, children suffer the consequences of the fact that these parents wish to resolve their own needs, meet their own needs, rather than those of others, or we are dealing with the emotionally disturbed parent, or we are dealing with the psychotic parent or the parent who displays his problems with drug abuse. There are a host of things, and within a few minutes I certainly cannot go into the dimensions of why. But basically we are dealing with people who do not deliberately set out to neglect or abuse their children; a few, maybe, sociopaths and psychopaths, surely, but except for those whose people, that is, most neglect and most abuses are upon finding the parental capacity, parental abilities, these are people who need to be helped, people who need to be stabilized in terms of their household management, in terms of the management of their own lives.

Now, part of the programs which have been set up, protective services, are available in each of the 50 States. Protective services can even be as far back as 1874 as a consequence of the first reported child abuse case through the notorious Mary Ellen case. These agencies, they have been developed in terms of how to deal with the broad spectrum of abuse. I am not limiting this only to the kind of child support.

Now, what is the status of these services? Dr. Helfer made some statements which are partially true.

Each of the States has a mandate that is from the State or mandate coming out of the Social Security Act to provide services to prevent neglect, abuse and exploitation of children. But what has happened is that these programs have not been fully developed primarily because Congress has made an appropriation which the administration has not lived up to. What we find, for example, as of this very moment is that the appropriation made by the administration for all child welfare, not solely protective service, but for adoptions, for foster care, for services to unmarried parents, but for the whole package which we call child welfare, including protective service, the appropriation for the last 5 years has remained static at $46 million for the entire country. Congress had authorized an appropriation of $110 million up until this year when the appropriation was raised to $196 million and by 1978 it will go to more than $266 million. But the administration has done nothing about making an appropriation equal to the authorization which you ladies and gentlemen made possible for all of child welfare.

So what has happened in reality is that we have a lot of token protective service programs around the Nation because there has not been money to feed these programs properly.

Simultaneously, however, we have some very excellent programs. For example, Senator Mondale, in your State of Minnesota we find some of the finest child protection programs in the country. Probably the best such program in the entire Nation under public welfare auspices is in Hennepin County, in Minneapolis, where they have a staff of 66 qualified, specially trained child protective service workers operating in specialized units which do nothing but child protection and they have available to them the kind of multidisciplinary things which Dr. Helfer spoke of. They have available to them psychiatric consultation, legal consultation and psychological consultation.

Simular programs exist in many communities around the Nation. Probably the largest program in the entire country is in Boston, the Society for the Prevention of Cruelty to Children, Massachusetts Society, private agency, operating on a statewide basis has a central office in Boston and seven branch offices throughout the State. Their budget runs $3 or $4 million. They do nothing but child protective services. They have available the necessary legal consultation, the necessary psychiatric consultation, the necessary psychological and medical consultation. Where the money is available the program is operating and operating soundly. Where the money is not available, then its own weight reduces the responsibility of the program because it cannot function without the sinew. If it is not nourished it cannot function.

Mention was made of the program in Hawaii. I was instrumental in helping set that up. I visited in April, 1969. The program came into being in September, 1969. They have there an ideal setup, one which I believe sincerely, earnestly believe, can be replicated anywhere.

The setup is this. A combination of the Department of Social Services and the facilities of the Taum Pia Lani Children's Hospital, the hospital had a vacant cottage on its grounds. The department rented that vacant cottage and called it the Child Protective Center. The department has installed in that facility a supervisor of protective services, his child protective services persons, who are qualified in that specific field, and the hospital is making available a full-time pediatrician and a part-time psychiatrist and a part-time psychologist. They are taking care of all of the neglect and abuse problems for the Island of Hawaii.

It is a simple pattern. It doesn't require any elaborate organization other than a willingness on the part of somebody to pay the cost of that kind of setting.

Part of what came out of my first visit to Hawaii, when I appeared before the legislature there was to endorse this concept and to say the sinews must be provided through founding, and the program came to reality.

You know, I have some very basic convictions about protective services. I will say what I am going to say now, not in a forceful way but in terms of defining where our knowledge and our expertise in The American Humane Association arises. We have been in existence 97 years. Seven plus years of our existence were in Albany, N.Y., where our national headquarters were then, before we moved the national headquarters to Denver to achieve a more geographical center.

Where I myself am concerned, I practiced law for about 8 years, and then went into the protective service as a consultant, a legal consultant, for one of the largest child preventive services programs in New York City, and then got some social training and became the executive director for about 10 years of the large child protective service program for the Borough of Queens of the city of New York, where we handled, as I recall now, we handled somewhere in the neighborhood of 3,500 families per year, involving the whole range of child neglect and child abuse, and we operated in a manner which met the needs. We operated in a manner where we provided the entire focus that we are talking about in terms of the protective service, specialized paid social workers. These are not run of the mill social workers. They were trained to do their job, and the necessary cooperative consultant services. But what many of our member agencies around the country are facing, what many of the county departments which Dr. Helfer spoke of are facing is not only the lack of sufficient funds but an unwillingness, an unwillingness on the part of the medical services to provide consultation on other than a fee basis. So that when they have approached these services to say we need consultation they have been confronted by a stone wall in terms of we are too busy taking care of our own responsibilities to give you the kind of help you need.

Let me correct another thing. Two-thirds of the States operate on a statewide basis, not on a local basis. Two-thirds of the States have a State directive program. However, ours is not one of them. About one-third of the States, solely one-third of the States, have a county administered program where there is a separate authority in each of the counties for operating all services, including child preventive care. But we look at some of the States where this operation has been put into effect. The State of Florida has an organizational setup which meets the need. They have 24-hour coverage at a central register office in Jacksonville. There is a WATS line telephone number, a toll-free telephone number, which has been made available which has been widely publicized throughout the State for all reports of child neglect and child abuse to go to that central office. That central office in turn directs the immediate problem to the locality where the family lives. They are operating 24 hours a day. They are doing an excellent job.

Similarly, the program in the State of Illinois, with the exception of Cook County, the program in the State of Illinois is operating on a statewide basis. They, too, have 24-hour coverage. They, too, have a WATS line number, a toll-free number, so that all sex crews are routed to that unit, to that division. But where they fall down, again, is in having sufficient staff to do the job and having trained the staff.

One of the services which my agency has done since 1968, we have made a specific concentration on that. The reason for it comes out of this study where we studied the child protective services in the 50 States. We found the greatest needs were two, two things, which were enunciated by each of the States. We documented this. One was we don't have enough money to do the job, we don't have enough money to hire the kind of people we need. Second, we need training for our staff in the specifics of child protective services. This is a very unique kind of service. It is not the ordinary kind of social service. It requires a different kind of orientation; it requires a different kind of approach. It requires a different caliber of staff.

What we have done, what my agency has done, since 1968, when that report was first published, was to provide specialized training for the States and for the counties in the specifics of child preventive services. Since that date we have held 94 workshops in 29 States. Coming through those 94 workshops were a total of 15,121 social workers who acquired over the intensive 2- to 3-day workshop some very specific knowledge about health preventive services. We have invested a total of close to 3,000 hours of faculty time in providing this kind of training. But even with all of that it is only a drop in the bucket. Even with all of that we find that we are providing these services in those communities where they have sufficient funds to pay the cost of doing this, and the very States which have the greatest need for training, the very States which have the greatest need for expanding the services are the States which cannot afford the training and are not receiving it. We have done this in 29 States but what about the rest of the country, what about the other 21? Many of these are States where there is an enormous need.

I work for a private agency, we are not a governmental agency, yet I am making a plea to Congress and to you gentlemen and Mrs. Schroeder with respect to supporting a program which is not simply on the drawing board, it is a program which is in operation only in a token way in far too many communities, granted, but in a very excellent way in many other communities. But what is needed is more money. What is needed is more effort to single out this child protective service and take it out of, to give it a high priority, in other words, and what this committee is doing is in that area, and the bill which Senator Mondale and your colleagues are supporting is certainly doing that in terms of bringing to the attention of the entire country the reality, the pervasiveness, the severity of this phenomena which we call child neglect and child abuse. But, believe me, when money is earmarked for that service the existing facilities can be made to operate at an optimum level, and it is going to take far less time to do that than it would to develop any new program. This has been tried, this has been tested; where the money has been available it has done the job.

Senator **Mondale**. We had Dr. Kempe comment on that.

Dr. **Helfer**. As Mr. De Francis has pointed out, I think what he said is partially true, too.

Senator **Mondale**. They are called witnesses anonymous.

Dr. **Helfer**. I don't want to remain anonymous because I put it in print and I will say it anywhere I get a chance. I categorically deny that the existing facilities can do the trick. The two-thirds of the States that are currently State administered, are not doing a State-administered job. They are delegating most of this to the counties.

In Illinois, as was mentioned, I recently talked with the new director of services in the State of Illinois who admits that his program, the one he came into, is one of the worst in the country.

The thing that I think is needed, in addition to money and training, is a new philosophy in how the departments of social services should be run. They cannot remain autonomous. How much money should you pile into a program that is not going to work unless the whole concept of single discipline moves away from that idea into a multidisciplinary kind of approach we cannot make progress.

I would strongly disagree with some of the statements that Dr. Vincent De Francis made regarding the state of social services in this country.

Dr. **De Francis**. I don't want this to degenerate to a debating society.

Senator **Mondale**. It is very useful.

Dr. **De Francis**. Let me point some other things out. To begin with, we are talking about something broader than just child abuse. Second, we are talking about an institutionalized approach, which w [illegible] institutionalized, while established to a degree, is changing, changing rapidly, changing grossly. Under H.R. 1, which will come into effect in January of next year, I believe, there is going to be a complete separation of service from the categorical public welfare assistances. These are going into social security rather than public welfare. Separation of services will remove them from all the insinuations and stigma which have attached to public welfare departments, and from the feelings, frequently expressed in many quarters, regarding the inadequacy, incapacity, inability, incompetency, whatever you want to call it, of public welfare. These are the calumnies which have been leveled against public assistance programs primarily because of excessive caseloads and because of some cases of fraud. I am not talking of that program. I am talking about the child welfare program, which is a separate and distinct service arm. It is the social service aspect of the welfare setting. Here is where you have the capacity; here is where you have the competency. And with the separation which has begun to take place we can now concentrate on service, which is the important thing we are talking about. We are talking about service, rather than the financial assistance, which hopefully will become a responsibility of social security. The framework is there; the machinery is there; all we need is the oil which that machinery has lacked. It has become rusty in many ways because we have not greased it, because we have not provided the funds.

Dr. **Kempe**. Senator, to finish on our second question, there is obviously a difference of opinion between two good friends. The point I think I want to make in closing, I think in a sense it is not something which we can fix. This has been going on between us for many, many years. We wouldn't be doing what we are doing if the system wasn't working.

I happen to be a smallpox expert. You know, there is nobody here who wouldn't provide a broader view in view of what we want to do. I didn't know this thing existed when I was in training in pediatrics. You have to live it to make it go.

When Dr. DeFrancis said in Hennepin County, in Minneapolis which I know very well, there are two medical resources. That is exactly which I think is gotten where you have good relations and get the men good friends so they work with you. I mean to work this multi-disciplinary force into the system. It isn't going to be if things work out in the next 20 years, there isn't going to be a department in the country that doesn't have a team in the system, not by borrowing from the children's hospital, not by renting somebody the medical school, but they will be in there as social workers. The idea that social work owns child protection is what I am opposed to.

Dr. **DeFrancis**. That is not my thesis.

Dr. **Kempe**. I am saying the public should judge the performance. I am saying the performance of the public welfare department is not monitored. I don't know how to monitor it very well except for our failure. We have conferences every week and when we leave this hospital we don't really quit work, we have a long memory, we make plenty of mistakes ourselves. The welfare department doesn't publish their failures. I can't find out how many children died in a given county or what happened to a given case.

Dr. **DeFrancis**. Henry, may I point out that actually the reverse is what is happening. It is the failures which are highlighted; it is the failures which are highlighted by the newspapers; it is the failures which receive all of the publicity. The success story is never told——

Dr. **Kempe**. I agree with you there.

Dr. **DeFrancis** (continuing). Primarily because social services have been very remiss in publicizing what they are doing. Remiss probably because of a mistaken adherence to what they call confidentiality.

Dr. **Kempe**. We will let Dr. Steele answer this because he is a more mature and levelheaded man.

Dr. **Steele**. I can only speak very narrowly from some of my own experience in going over the country and talking to organizations which are trying to do something for child abuse. One of the things which is recurrently happening as I go over the country is the desperate plea of child protective workers in the standard agency how can we help, we have no access to anything, and we cannot do this ourselves.

Dr. **De Francis**. That is exactly my point.

Dr. **Steele**. But this has to be built into the system, as Dr. Kempe says, and it is not just a matter of giving the present agencies more money to do more of what it has been doing or unable to do but to build in, as Dr. Kempe said, a totally different philosophy of what you are trying to do.

Senator **Modale**. I would like to invite any one of you, Dr. Kempe, Dr. Steele, anyone here, to write us a letter telling us how you see this dispute that we have just heard, is there a way of resolving this, what is it, and we will put those letters in the record, and our staff will draw on them because obviously you have something here that we ought to try to resolve.

You know, I agree that the problem of child neglect and disadvantage goes far beyond the abnormal battering that we have discussed. But as one who has tried to take the total view and failed I feel more and more we have to attack these problems one by one.

I worked for 5 years on the Child Development Act, which was my bill, and I fought for it. It was designed to focus on disadvantage and the problems of welfare and working-mothers, the strengthening of the family, the nutrition problem, the health problem, the health of the mother during pregnancy, the whole bag; and to permit the institution on the neighborhood and community level of a system for coordinating the services, so, you know, we are always asking people to fit a category before we can help them. I think society ought to fit itself to the person rather than the other way around. As one person said, "you know, when I go to school, if I don't fit, they say I've got to change. When I go get a pair of shoes they don't ask me to change my foot." I think we have to get it the other way around.

What distresses me is that the environment we are working in couldn't be worse, because we have a President who says that human programs are romanticism, that they are robbing America of its God-given belief in self-reliance. You know, I thought what we were trying to do was to assist people to be self-reliant, to help them with problems which destroy their capacity for that objective in American life.

So we not only had the child care bill vetoed but we had some very harsh rhetoric about how we were trying to break up the American family, installing a national system of communal living; you've heard all the rest.

But we are going to try to do some of these things again.

Dr. DE FRANCIS. We will vote for child protective services.

Senator MONDALE. Yes, anything you want to call it, it will be vetoed. We are a mess. Meanwhile these kids are being burned and poisoned and scalded. It seems to me that we have the proof here on record and the growing public understanding of the outrageous nature of this abuse that would permit us even in this environment to pass a strong bill adequately funded and get going, and that's what we'd like to do. I think that is what Senator Randolph and Representative Schroeder are talking about.

[The prepared statement of Dr. De Francis follows:]

Statement Submitted at the Hearing of the

Senate Subcommittee on Children and Youth

Held in Denver, Colorado, on March 31, 1973.

Testimony of:
Vincent De Francis, J.D., Director
Children's Division
The American Humane Association
P. O. Box 1266
Denver, Colorado 80201

TESTIMONY OF VINCENT DE FRANCIS

In response to Senator Mondale's gracious invitation to testify at the child abuse hearing in Denver, may we offer the following statement. This statement is related to the outline in Senator Mondale's invitation and covers his suggested areas of content:

1. The history of the American Humane Association's involvement in activities relating to child abuse;
2. Recommendations on the appropriate role of the federal government in dealing with child abuse; and
3. Comments on the proposed legislation.

I. THE HISTORY OF THE AMERICAN HUMANE ASSOCIATION'S INVOLVEMENT IN CHILD ABUSE

The American Humane Association (AHA) with national headquarters in Denver, Colorado, is a non-profit organization founded in 1877. Its certificate of incorporation states, in part: "The objects... shall be the prevention of cruelty, especially to children...."

AHA activities on behalf of neglected and abused children date from its very beginnings. Early efforts were of a broad social-action nature and were concerned with promotion of child labor laws; creation of shelter care for children who were separated from their homes; detention facilities to keep children out of jails; abolishment of baby farms; support of special courts for children — a push which led to the formation of the juvenile courts; and promotion of child protective services under aegis of local Humane Societies or Societies for the Prevention of Cruelty to Children.

Among the AHA's unique activities was the sponsoring of the first international child welfare conference on this continent. In 1910, before the creation of the United States Children's Bureau, an international conference on children was called by the AHA, in Washington, D. C. Thirty-four countries participated in the four day meeting. Papers were read in French, German, Spanish and English. Under discussion were some of the same concerns about the care and protection of children which seem to be major issues of today.

A second international conference was held under AHA auspices in 1923 in New York City. In the three days of work sessions 24 papers were presented by representatives from India, Japan, England, Mexico, Canada, Ireland, Wales and the United States.

In the AHA membership of those early years were the Societies for the Prevention of Cruelty to Children and the Humane Societies. These constituted the only agencies specifically operating to prevent neglect, abuse and cruel treatment of children. These agencies were to be found in almost every state of the Union during the late 1800's and early 1900's. However, most of them went out of existence when the great depression drastically cut down the ability of the private contributor to support these operations. With funding almost impossible to obtain, all but a few hardy SPCC's folded up, or merged with other family and children's services, with a loss of the protective function. Among the survivors is the New York SPCC, the first Child Protective agency in the world, created as a consequence of the notorious "Mary Ellen Case" in 1874 — the first recorded child abuse case. Others are the Massachusetts SPCC, the Brooklyn SPCC, the Queensboro SPCC, the Juvenile Protective Association of Chicago and the Children's Protective Services of the Ohio Humane Society. These are still active members of the AHA.

Since the Social Security Act of the 1930's, Child Protective Services have become the responsibility of public child welfare. Impetus was given to these programs by the mandate in the Social Security Act which requires child welfare services on behalf of "neglected, dependent children, and children in danger of becoming delinquent." The 1962 amendments further stressed the mandate by defining public child welfare — "as services for the purpose of (1) preventing, or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children."

While this mandate is clear, it has not proven to be specific enough. Nor, has it stressed with sufficient force the obligation of each state to implement its responsibility for full services to protect children.

However, each of the states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam are all committed to provision of Child Protective Services. With varying degrees of competency, the public departments of social service, and the remaining private protective agencies, are the backbone of present-day efforts to bring help and protection to our country's neglected and abused children.

At this point, it seems necessary to define "Child Protective Services" so that this presentation may more clearly be related to the type and caliber of services intended. As defined by the AHA and its member agencies:

> "Child Protective Services is a specialized area of Child Welfare. It is concerned with preventing neglect, abuse and exploitation of children by 'reaching out' with social services to stabilize family life. It seeks to preserve the family unit by strengthening parental

> capacity for good child care. While it is child centered, its special focus is on the family where unresolved problems have produced visible signs of neglect or abuse and the home situation presents actual hazard or the potential for additional damage to the physical or emotional well-being of children.
>
> "The specifics of Child Protective Services demand special skills in staff and an approach which seeks out the neglecting or abusing family to extend services on behalf of children despite initial rejection or resistance by sometimes resistive or disturbed parents.
>
> "The service is usually initiated on a 'complaint' or referral from sources outside the family. The agency has a mandate to provide service when needed and an obligation to explore, study and evaluate the facts of neglect and abuse and their effect on children. It carries responsibility for invoking the authority of the juvenile court when such action is necessary to secure protection, care and treatment of children whose parents are unable or unwilling to use the help offered by the agency."

The Children's Division of the AHA is the national association of child protective agencies. In its membership are state and local, public and voluntary protective agencies; juvenile courts and probation services; welfare planning councils; educational services, health services and interested citizens.

The AHA and its membership are dedicated to promote services which will prevent neglect, abuse and exploitation of children.

Objectives of the AHA program are:

1. To inform on the nature, extent and dimensions of problems of child neglect, abuse and exploitation;

2. To promote understanding about causative factors contributing to these conditions;

3. To advise on ways to identify children in need of protection and on services for meeting their needs; and

4. To assist in organizing new Child Protective programs in keeping with optimum social work standards and to improve existing programs.

To achieve these goals and objectives the AHA is engaged in a multi-faceted program:

(1) it conducts research and surveys to study the phenomena of child neglect and abuse;

(2) it conducts surveys to assess the present status of services on behalf of neglected and abused children;

(3) it engages in studies of laws relating to these problems;

(4) it publishes reports, monographs and training materials;

(5) it gives consultation to states and communities on ways to improve programming or to promote more adequate protective services; and

(6) it provides intensive, skilled, staff development institutes and workshops to help train new personnel for state and county public child protective services.

Each of these AHA program areas will be defined more precisely.

Research, Studies and Surveys

Within the last two decades the AHA, almost single-handedly, has engaged in promoting and stimulating interest in the need to develop stronger and more adequate services in specialized Child Protection.

Dedicated to the single purpose of assuring better protection of abused and neglected children, the AHA has served as a national center for the dissemination of information on Child Protection. It has made significant contributions to a wider and better understanding of the needs of abused and neglected children, and of neglecting and abusing parents. It has produced a host of interpretive materials to broaden knowledge about the philosophy and practice of Child Protective Services. It has conducted a number of studies and surveys to expand the areas of knowledge about the phenomena of neglect and abuse and the causative factors which underlie these social ills. Major studies have been:

1. Child Protective Services in the United States — A National Survey, 1957.

   This was the first, ever, assessment of "what" and "where" Child Protective Services existed; under whose auspices; and an evaluation of capacity to meet need. Findings documented a failure in most communities to implement governmental obligation for service to neglected and abused children.

2. Child Abuse — Preview of A Nationwide Survey, 1962.

   One of the earliest studies of child abuse. It studied 662 cases of child abuse reported in newspapers from all states. It documented the universality of the problem; it pointed to probable incidence; it identified the types of injuries sustained by child victims; it identified characteristics of offenders; and it defined community attitudes and patterns for dealing with child abuse.

3. Review of Legislation to Protect the Battered Child, 1964.

   A comparative analysis and study of the first 13 laws for the reporting of child abuse enacted in 1963.

4. Child Abuse Legislation — Analysis of Reporting Laws in the U.S., 1966.

   A follow-up study of 37 new reporting laws enacted since 1963.

5. Child Protective Services 1967 — A National Survey.

   This was a follow-up study — ten years later — of the first assessment of the status of Child Protection in the United States. Findings of the second assessment pointed to considerable growth and development of Child Protection in the ten year period. There were more good programs, fewer token programs. There was wider administrative acceptance of child protection as an obligation of the public social services and a greater willingness to focus on the very special problems and special needs of the child victims of neglect and abuse. But, two very glaring weaknesses were documented by the study: (1) every state bemoaned the lack of sufficient funding to expand services in keeping with need; and (2) every state voiced a need for specialized training for staff assigned to duty in Child Protection.

The lack of funding relates to failure of Federal support. Despite the authorization of $110,000,000 for child welfare, Federal appropriations for child welfare in all 50 states has been static at $46,000,000 since 1968. Incidentally, congressional authorization is $196,000,000 for fiscal 1973 and will climb to $266,000,000 in fiscal year 1977. The administration, however, shows no inclination to appropriate more than the current $46,000,000.

The issue of staff training in the special skills of Child Protection became a program emphasis of the AHA as will be discussed below under the caption of Staff Development.

6. Protecting the Child Victim of Sex Crimes Committed by Adults, 1969.

   Report of a three year research into the problems of sexual abuse of children. It documents with indisputable facts the enormous incidence of sexual abuse in New York City — an incidence far greater, in terms of total reported occurrences, than the reported incidence of child battering in New York for the same years. It raises serious questions about the probable national incidence and challenges community patterns in these cases which fail to protect the victims who are subjected to additional trauma when prosecution of alleged offenders is initiated.

7. Child Abuse Legislation in the 1970's, 1971.

   A comprehensive analysis of 53 statutes for reporting of child abuse; analysis of strengths and weaknesses of current legislation; provides guidelines for legislation to achieve greater protection of neglected and abused children.

8. Termination of Parental Rights — Balancing the Equities, 1971.

   A study and analysis of the problems and patterns in the process for terminating rights of parents. Provides basic data with respect to rights of parents and children.

9. The Neglect and Dependency Jurisdiction of the Juvenile and Family Courts.

   This study is in progress, publication tentatively set for this Fall.

   This is an exhaustive study and comparative analysis of the courts' jurisdiction, procedures and dispositions in relation to neglected and abused children. Statutory law and case law applicable to these cases will be studied and reported. A possible outcome is the offering of guidelines for greater uniformity in the law and process of the 50 states.

Publications

A most valuable medium for helping to meet AHA objectives in this field is the number of publications dealing with various aspects of the problems of neglect and abuse. Counting only materials developed in the last fifteen years, the AHA has published five books and some forty-five pamphlets and monographs. All are viable and all are intended for lay and/or professional interpretation of the specifics of Child Protection. These publications establish standards in the field, provide guidelines for interdisciplinary approaches; and define roles and responsibilities of personnel engaged in protecting children.

Most pertinent are the many how-to-do-it materials designed for use in staff development. Attached to the appendix to this statement is a brochure listing and describing current materials published by the AHA. All are available on a non-profit basis for wide distribution. In this period many, many millions of these low cost publications have been distributed, reaching into every corner and county of the nation.

These materials have provided guidelines for the development of more adequate service and for enhancing the [illegible] of personnel directly engaged in protecting children. They are, and have been, widely used in graduate and undergraduate schools and universities as texts in special courses on neglect and abuse and in the training of professionals in education, nursing, medicine and the social sciences.

Lay groups, such as parent-teacher groups, the American Association of University Women, and the League of Women Voters, have used them extensively to give interpretation and understanding to their constituencies.

Consultation

With great regularity the AHA is consulted by state and local administrators in public social services with respect to planning of services in Child Protection. Counsel and advice is solicited by mail, long distance telephone contacts or the request may be for an on-site consultation visit.

Advice is sought most frequently with respect to such areas of service as: how to set up 24-hour coverage; how to make best use of the courts; what are the national standards on caseload controls; how to select staff for assignment to Child Protective Services; how to deal with emergencies; must children be removed — how and under what circumstances; what special training must we provide; how do we set up a central registry; etc., etc.

The on-site consultations are more intensive. They are usually predicated on a study of present operations and functioning. The program is evaluated in regard to (1) capacity for meeting actual need; (2) competency of staff; (3) conformity to national standards; (4) operational policies; (5) community image; and (6) total effectiveness. Recommendations are offered for strengthening services and aid is given to help implement suggested changes.

Staff Development

Probably the most far-reaching AHA program is the intensive staff development service made available to states and counties to supplement their in-service training efforts. The desperate need for this was highlighted in our 1967 study of the status of Child Protection in the United States. Aside from the universal expression of need for more funding, the states seemed most frustrated by the lack of training in staff in the special skills required for meeting the problems and pressures unique to Protective Services.

In response to this strongly voiced need the AHA initiated a planned series of training workshops in the Fall of 1968. Since that date, to the present, the AHA has conducted a total of 94 training workshops in 29 states and the District of Columbia.

For the most part these training workshops averaged three full days. Sessions were conducted by a selected group of highly qualified experts in the field. Most of the workshops used a complement of three faculty members.

In terms of logistics, it may be interesting to learn that since the Fall of 1968 to March of 1973 the AHA has furnished intensive specialized training to a total of 15,121 participants. A total of 2,589 faculty man-hours were consumed to process the more than fifteen thousand trainees.

We have made it a policy to encourage interdisciplinary participation in our training workshops. While the preponderance of the attendance at workshops is drawn from the social work field, there has been substantial participation from other fields and other professional disciplines:

1. The health field has been represented by nurses — public health and school nurses — doctors and hospital personnel.

2. Juvenile court judges and probation officers have constituted a sizeable portion of the total attendance.

3. Law enforcement personnel in attendance have included juvenile officers, county attorneys, district attorneys and deputy attorneys general.

4. School administrators, teachers and school social workers have participated from the field of education.

We are deeply convinced that our present heavy investment in training workshops will ultimately redound to the greater benefit of neglected and abused children and to communities as a whole. If we can develop a higher caliber of service, with greater competence, with increased capacity for dealing constructively with these problems — then, surely, we will inevitably reduce the number of children who must be separated from their homes. Better child protection means fewer separations because more homes can be salvaged. Better child protection means great savings in terms of human dignity and human worth because parents will have been helped to accept, and to live up to, parental responsibility.

But, there is a more pragmatic saving. If a good child protective program can prevent the separation of children and their placement in foster care, the community will have an enormous return in dollars and cents. It is far less costly to pay the salary for a single good protective worker, who in the course of a year can prevent the placement of at least 100 children, than it would be to pay for the enormous foster care costs of that many children at an average of $1500 per foster placement.

Symposiums

In 1971 and 1972 the AHA has held national symposiums on Physical and Sexual Abuse of Children. The first was held in Rochester, New York, the second in Denver, Colorado. Attendance at each symposium reached more than 750 persons, with at least 100 to 200 turned away because of lack of space.

We think the size of the registration at these sessions attest to the great public interest and concern over the problem of child abuse in all its ramifications. We think, too, that it is a manifestation of the value placed on the work of the AHA on behalf of children.

II. THE ROLE OF THE FEDERAL GOVERNMENT

The studies conducted by The American Humane Association in relation to the status of services to protect neglected and abused children reveal that:

1. Each of the states has the legal framework and an ongoing program of child protection housed in the state and county departments of social services.

2. While there are many good programs, as of now, no state and no community has developed a child protective service program adequate in size to meet the service needs of all reported cases of neglect and abuse.*

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* Child Protective Services, 1967 — A National Survey, (See Findings, p. 20.)

3. The imperative need for an interdisciplinary approach has been demonstrated repeatedly by research in this field and by the many programs demonstrating patterns for combined, cooperative services utilizing the skills of the social work, medical and legal professions.

4. Though there is enormous need for input from many professional disciplines — basic, primary and continuing responsibility must be carried by a single professional entity which, like a quarterback, engages and employs other professionals in the treatment plan.

5. By long experience, by tradition and by professional training that role is, and has been, the responsibility of the social work professional in Child Protection.

6. However, the field of medicine — both physical and psychological — must be involved to meet the medical needs of children and parents.

7. In appropriate cases, it will be necessary to invoke the legal process to provide protection in the face of parental resistance or refusal to modify behavior or circumstances affecting the welfare of children.

With these basic premises in mind, the role of the federal government may be more clearly delineated.

Most important is the role to assign the highest national priority to the protection of neglected and abused children. Congressional action is needed to require that Child Protective Services be a mandated program in every state plan for social services. This requirement should be unequivocal, without possibility for evasion by the states.

To make the mandate more visible and, more importantly, to make its practice a reality, Congress must allocate sufficient funds specifically designated to fund Child Protective Services in each state.

Funding must recognize that Child Protection requires: (1) heavy investment in qualified personnel; (2) controlled caseloads to permit intensive services to neglecting and abusing families; (3) investment in consultative personnel in such specialties as medicine, psychiatry, psychology and law; (4) provision of additional treatment resources such as day care, homemaker services, paraprofessional aides; and (5) the availability of such community resources as mental health facilities for diagnosis and treatment.

Additionally, the federal government must participate in providing training for personnel engaged in Child Protection. This can best be done by making available adequate training funds to states and to training facilities, both public and private. Major funding should go to in-service training programs in state departments of social services to permit in-house training or for the purchase of training from other sources.

Also, funds should be made available to institutions of higher education for special seminars or institutes and to national agencies with educational programs. In this context, a role of government could be to stimulate the development of training materials and guides.

Support of research in this special field is another logical role for government. While practitioners in Child Protection have acquired and developed over the years an enormous amount of knowledge and skills, there is imperative need for basic research in areas of human behavior and motivation, in behavior modification approaches, and in predictive technology. Much more is needed in terms of demonstration of novel and innovative techniques of treatment.

Of equal importance is the urgent necessity for funding ways to stimulate casefinding. The identification of child victims of neglect and abuse is the sine-qua-non of bringing help to children. We are certain that for every reported case there are many more which go unreported. We must develop communitywide campaigns to promote better identification and reporting. Research and demonstrations in this area are vitally needed.

Parallel to this last point is the imperative need for bringing other public recognition that children are neglected and abused in many other ways. While the battered child is most visible and dramatic because his injuries are observable, he does not represent the largest group of children in need of protection. The psychologically abused and the sexually abused represent much higher incidence. We estimate that there must be at least 100,000 sexually abused children each year and probably double that number who are psychologically damaged. The battered child, at best, may number some 30,000 to 40,000 cases per year.

The hazards and long-term damage to other abused children is grave and comparable to the damage inflicted in child battering. We must seek equal help and protection for all children. An educated estimate would place the number of children who each year are reported to be neglected and abused in all categories at around 500,000.

This brings us to another area of federal responsibility. There is no central source of information on data relating to the broad problems of child neglect and abuse. There is no data gathering resource; no agency to pull together information on incidence, characteristics, services, community patterns, and outcomes for children.

In a modest way, The American Humane Association has attempted to do this informally and, admittedly, quite superficially. However, we submitted a proposal to the Office of Child Development last October for a grant to establish a National Clearinghouse for Child Abuse and Neglect Statistics and Related Data.

We believe the proposal has merit, and that on a contract basis we could provide this nationwide service at a much lower cost to the taxpayers than could one operated under direct governmental auspices.

Regardless of how it is ultimately accomplished, government has a vital role to play in regard to the gathering and dissemination of information on this subject.

III. COMMENTS ON PROPOSED LEGISLATION

The proposed enactment — S. 1191 — is a progressive measure. Its provisions will serve to give the stamp of Congressional and Presidential priority to the plight of neglected and abused children. Most importantly, it gives highest visibility to a nationwide effort seeking knowledge about the problem and approaches for treating and protecting the child victims of the problem.

The four-pronged approach seems sound and logical.

1. Creation of the National Center conforms to our own proposal for a National Clearinghouse on Child Abuse and Neglect.
2. The Demonstration Program proposal authorizes research and study in all of the areas we support. We subscribe to such funding as an appropriate role of the federal government to stimulate research and to support training.
3. The National Commission will serve to pull together in a short, intensive official survey, the fruit of an exhaustive on-site study of what is being done, and of what more can be done, through legislation or otherwise, to achieve a more effective and a more coordinated approach to this problem.
4. Modification of the Social Security Act meets, in part, our suggestion for a more emphatic and precise mandate to each state to provide protection for neglected and abused children. We would hope, however, that the language could more precisely direct states to implement such a program.

What is missing, however, is a provision for appropriating specific sums to permit adequate expansion of each state's program for Child Protective Services.

As stated earlier, lack of sufficient funds has proven to be a serious block to the development of more adequate Child Protection. Funds are needed for all of the reasons advanced earlier, i.e., for qualified social work staffing, for special consultants in law, medicine and psychological services, and for developing the auxiliary treatment resources.

It is not realistic to anticipate that funds for expansion of protective services can be drawn from the federal appropriation for all child welfare. The present appropriation of $46,000,000 out of an authorization of $196,000,000 for fiscal 1973 is grossly inappropriate for all child welfare services.

We strongly feel, and urge, that a special authorization and appropriation be specifically made for the development and provision of Child Protective Services.

APPENDIX

1. Annotated Listing of Current Publications on Child Protection offered by the Children's Division of the American Humane Association

2. Guidelines for Schools

3. "Protecting the Abused Child — Progress and Problems" by Vincent De Francis (A report made at the 96th Annual Meeting of The American Humane Association in Denver, Colorado on October 9, 1972.)

Protecting the Abused Child

By VINCENT DE FRANCIS

It truly gives me great pleasure to talk about children and some of their problems. The topic which has been assigned to me is "*Progress* and *Problems* in Protecting the Abused Child."

First, let us look at progress. How do we measure progress? I imagine that the most logical way is to start at the beginning and see where we are now. As you so well know, the beginning was back in 1874 at the time of the Mary Ellen Case. She had to be protected through the intervention of Henry Bergh and, as a result of that intervention, the first child protective agency in the entire world came into being in this country. That agency was the New York Society for the Prevention of Cruelty to Children.

In those early days, protective services for children was almost equated with law enforcement. The view was that if a parent was neglecting or abusing a child, this constituted violation of the law. Therefore, the approach was to rescue the child from the "bad" home and to prosecute the parents for violation of the law. This procedure was in practice for a substantial number of years. It was in an era before the social sciences made themselves felt. It was before social work, as a profession, had come into being.

The advent of social services made an impact on these early child protective agencies. They began to question their approach in terms of asking: "Is it truly beneficial to the child to rescue the child from a bad home? Would it not make better sense if, instead, we rescued the home for the child? Would it not make better sense if we provided services so that we made a 'good home' out of a bad home; so that we made 'responsible parents' out of irresponsible people?"

These early protective agencies borrowed copiously from the burgeoning social sciences. They became social agencies by the 1930's. They began operating on a thesis which recognized that neglect and abuse of children is rarely a willful act on the part of parents. Parents do not deliberately set out to neglect and abuse their children. Neglect is a by-product of incapacities. It is a by-product of inabilities, of a number of deficiencies, of a wide variety of handicaps, which affect the capacity of these parents for good parenting. Recognizing this, the child protective services began to operate from the social work context in

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terms of saying, "These are not bad parents simply because they fail to provide adequate care for their children."

We found they were people who needed help to become better. So, the social work orientation, with respect to child protection, came into its greatest growth period in the 1920's and 1930's.

In the 1950's, a new discipline "discovered" child abuse. The medical profession discovered they had been treating children who were brought to them with injuries and that, more frequently than not, they were overlooking the reality of the possible source of the injury to the child. They found they were overlooking the fact that many of these children had not received these injuries accidentally, as the parents were alleging; and that many had been the victims of abuse. So doctors began writing about this phenomenon as though it were a brand new discovery. But the true discovery was the finding that, in diagnosing cases of injury to children, doctors had not been carefully examining all the potential causes for the injuries found.

Doctors began advocating that, when examining injured children, particularly very young children–children under three years of age or children under two years of age–a full body X-ray must be taken. When full body X-rays are taken, some cases would be found to fall into what later came to be identified as the "Battered Child Syndrome." The X-ray may show that the child is not only suffering from the current injury, but may also reveal earlier bone lesions with some fractures healed and some only partially healed. When this constellation of symptoms–current bone lesion with earlier injuries, some of which are healed and others only partially healed–is found to exist, we have the classical "Battered Child Syndrome." Under such circumstances, doctors will have every reason *to suspect* that the child has been abused; or that the injuries could not all have happened accidentally.

Many doctors expressed concern about what could be done to provide help for these children. They approached the U. S. Children's Bureau and asked the Department of Health, Education and Welfare to help them analyze what *could* be done and what *should* be done. In 1962, the Children's Bureau held a meeting in Washington, D.C. Present at that meeting were leading pediatricians of the country, radiologists, juvenile court judges, lawyers, social workers and representatives of national agencies. I was one of those selected to attend that meeting to represent The American Humane Association, which for all these years has demonstrated continuous concern for neglected and abused children.

At that meeting, we canvassed the possible approaches with respect to what should be done once a doctor identifies a child as a possible case of child abuse. We suggested that the logical thing for the doctors to do would be to report such cases to the protective social services in the community. However, doctors were concerned that they might be placing themselves in jeopardy, in terms of possible legal action by the parents if a given child was reported as abused when in fact he may not have been. We then proposed that legal protection could be provided the doctor through passage of reporting laws. Such laws, if passed in each state, would require and order doctors to report all cases of *suspected* child abuse. But, the doctors were not sure that a reporting law would provide adequate protection from legal action against them. Then someone came up with the idea of an immunity clause in the law which would protect from possible legal action, whether criminal or civil, any person who, in good faith, reported cases of suspected abuse. This suggestion met with the group's approval.

This is how reporting legislation came into being. The first child abuse laws were enacted in 1963. Thirteen states passed a child abuse reporting law in that year. And we saw a strange thing happening. We saw a turning back of the clock to 1874. We saw many legislators responding to this new appeal about abused children, but they responded to it in the same manner as had the legislators back in 1874. They required these reports to go to law enforcement agencies, thereby implying that these situations were being viewed as crimes against children. They went back to the old, and by now discarded, approach of pulling the child out of the bad home and prosecuting the parents. We protested vehemently about this and said that this is not the way it ought to be done. We pointed to the fact that those of us who have been in protective services for any number of years had found that such action does not truly protect the child. That approach does not result in salvaging the child or protecting his best interests.

The American Humane Association, through our national children's advisory committee, came up with a set of guidelines which were published and widely distributed. These guidelines asked that reporting laws be oriented so that the reporting goes to the child protective services program.

The impact of our effort may be gauged from the finding that two-thirds of the states *now* require the reporting to go solely, and directly, to the child protective services program. About one-third of the states require reports to a law enforcement authority, but about half of that one-third also require reporting to protective social services. Thus, in less than one-third of the states are legislators still looking archaically at the problem as one which requires employment of a law enforcement approach in terms of prosecution of parents.

Now, why is law enforcement not the right approach? Well, you see, when we invoke the criminal law, we are invoking a law which is concerned only with exacting sanctions against the offender. That is the whole purpose of criminal law: to enact sanctions against offenders; to punish the offender for an action which is deemed to be a crime. The criminal law has absolutely no concern, or interest, in the victim.

But, it is the victim who should be of concern in a child abuse case! The victim must be helped; and the victim is the child who has been abused or the child who has been neglected. There are many other reasons to justify the helping approach as against law enforcement—many more reasons than can be discussed here, now. But most important is our understanding of the fact that we do not protect the victim when we use law enforcement as an answer to this problem.

Now what other progress may we report? Principal progress is in terms of the creation of more and better child protective social services. These are the programs which, around the nation, are providing help for neglected children. Seated among us are representatives of the early child protective agencies—the societies for prevention of cruelty to children and the humane societies which are operating in this same field. But these agencies represent only a small proportion of the deployment of state forces for the protection of children. By far the greater number of resources providing protective services for children are housed in the public social service program of every state and the public social service program of every community.

A complete transcript of program presentations heard during the AHA Children's Division symposium on "Protecting the Abused, the Neglected and the Sexually Exploited Child" is being published separately. The symposium, held each year as a featured part of the AHA Annual Meeting, attracts widespread interest among professional child protective service agencies.

The reason for this rests upon two things. First, it rests upon the fact that the protection of children is fully recognized as a responsibility of government, just as it is the responsibility of government to protect every citizen in the community. The second reason why public social services have assumed responsibility for this vast area of concern for children is found in the cost of funding protective services. The voluntary agencies—the SPCC's and humane societies—cannot, and have not, been able to raise sufficient funds to do the job required. Child protection is a highly technical job. It requires a highly skilled, professional social worker. Not just the average social worker, but a very highly trained social worker. It requires a large staff with a lot of backup service—backup not only in terms of clerical staff, but in terms of various specialized consultants. There is need for psychiatric and psychological consultants; there is, also, great need for legal consultation. All of this makes it a very expensive program, one that is not within the reach of most private agencies. Private social agencies today are supported, primarily, from United Way or united giving. These community funding agencies are scarcely raising sufficient money to meet the needs of existing social services. Child protective programs under private auspices cannot be adequately funded from these sources.

Clearly, then, money is a factor which brought about governmental responsibility for child protective services. Only through the tax dollar can communities afford to carry this very expensive service.

One of AHA's newest board members, elected last year, represents what, in my opinion, is the finest child protective program under government auspices. That program is in Minneapolis and Hennepin County. They have been offering child protective services there for about 28 years. Hennepin County has a population of about a million. For a community of that size, they have a staff of some 66 workers, trained to provide specialized protective services for neglected children. The cost of operating so extensive a program is beyond the reach of most private agencies because we don't know how consistently to raise enough funds to support so large an operation.

Thus, with the exception of a few remaining private child protective services agencies, all of which are in our membership, the bulk of child protective services is carried by the public programs.

Now to progress in another area. Public child protective agencies have not had sufficient background and experience in this field. They are desperately in need of help to train their staffs in the required skills. The Children's Division of The American Humane Association is the agency which is most frequently called upon by state governments and state agencies to provide this specialized training. Over the last three years, we have been heavily engaged in providing staff development services. We have held training workshops all over the country. In the last three years, we have conducted somewhere between 75 and 80 two-day, three-day or five-day staff development sessions for state and county public services. They are crying for help in this area. They need help to build the skills, to give the knowledge and the know-how to their social work personnel who, while they are social workers, are not skilled in the specifics of child protective services.

So, here is progress in another sense. We are being called upon to provide training. This is a service which is purchased from us. We provide it under contract with state and county public agencies. I am fortunate to have a pool of qualified persons upon whom I call to serve on the training faculty. Most of the workshops are conducted by a team of two or three workshop leaders, although I have conducted many of them without additional faculty.

This recital of progress would be incomplete without mention of a new development. There is little factual knowledge about the size of the child abuse problem in this country. We have "guesstimates," but there is no current study to determine the true incidence. Our "guesstimate" runs in the area of 25,000 to 30,000 cases of child abuse each year. But, even this represents only the edge of the moon as it comes over the mountain. For every reported case there is an unknown number of unreported cases—perhaps 10, or maybe 100 cases which are never reported to the authorities. The unreported cases are never treated because no one has taken the time, or the trouble, to report them to the authority which can help these children.

We, at AHA, are seeking to cast some light on this problem. We are doing studies and we are conducting surveys. We studied all of the child abuse legislation in the 50 states. Our analysis pointed up the strengths and weaknesses in existing laws. We also surveyed the field to determine what protective services are available in each of the states. We produced three major publications to report our findings and to stimulate necessary changes.

Within the past month, we filed an application with the Department of Health, Education and Welfare, Office of Child Development, for a grant to establish a national clearinghouse on child neglect and abuse. I hesitate to mention this because it may not eventuate, although we have been given assurances that the project is being viewed with favor. The clearinghouse will gather and develop data from each of the states and the more than 3000 counties around the nation with respect to the whole problem of child neglect and abuse. Plans call for pulling this information together into a comprehensive annual report. It will provide a regular, on-going service to determine annual incidence of reported cases; the source of the reporting; the action taken on behalf of children; and the outcome of services to the child, in terms of how the child was helped and how the child benefited. A by-product will be an assessment of what needs to be done to stimulate improvement of services in those communities which are not providing optimum protection of children.

This project would create a very much needed resource. If the proposal is approved, The American Humane Association will serve as the National Clearinghouse for all aspects of information dealing with the total problem of neglected and abused children in this country. While there is far from a guarantee of the grant, we have been assured of support from HEW personnel who see great value in the proposal.

So much for progress. Let's now look at some problems. I mentioned that there is a child abuse reporting law in each of the states. Are these laws effective? The reality is that reporting laws have not proven to be effective. Legislation can mandate a lot of things, but the implementation of that mandate must come from something other than the compulsion of the law itself. Education is a better answer. This is in tune with the old proverb about taking the horse to water. You can order doctors, you can order teachers, you can order social workers to report contact with cases of suspected child neglect or child abuse; but you cannot enforce that order. The surest way to implement the mandate is to create a sense of moral responsibility and obligation to report. As I said earlier, these laws started in 1963 with the medical profession as the primary target group of professionals required to report. The fact is that reporting from medical sources is almost completely limited to public hospitals. Private doctors are not reporting with any regularity. Hospital settings are. Let me break that down even further. It is not *all* hospitals; it is primarily the public hospitals. Private hospitals are not reporting with the same frequency as are the public hospitals.

Why should this be? Why are private doctors not reporting? Many private doctors cannot accept the reality of child abuse. When they see such a case, they find it hard to believe that the "Smiths" or the "Jones" would do such a thing to their children. Many doctors treat children of parents who are in the same social circle as the doctor. He may play golf with the father on Saturdays or he may play poker with the parents on Friday night. He can't believe his good friends would do this to their child. So he fails to identify the situation. In a sense, he closes his eyes to it. Or he may say, "I can deal with this without reporting it to law enforcement or to protective services." So he may deal with the problem himself. The doctor may say to the father, "Look, John, I don't know what happened to your child, and I don't want to know. But, I don't like what I see. Whatever happened, just don't let it happen again." He may feel he has dealt with the problem, failing to recognize the deep psychological or deep emotional motivations which are largely responsible for neglect and abuse. You don't change these complex problems by simply saying to the father, "Just don't let it happen again."

There are many other reasons why doctors don't report. But the point I am making is that legislation, per se, is not enough. We need to help the medical profession recognize a moral responsibility–a moral obligation–to report. And that can come solely through education. We can do this only if we can work through the medical societies, through their own organizations–working from within so that a sense of deep moral obligation comes from within the ranks of medical practitioners. Now, don't misunderstand me. I'm not saying that doctors refuse to take responsibility. The truth is that many of them are afraid to take responsibility.

In our training workshops, we try to help the local sponsor–the state or county agencies–involve health services as participants in the workshop. Our all-day symposium on Wednesday during this Annual Meeting, where we anticipate a registration of some 700 persons, will have a large attendance from the health field. Many nurses, doctors, and hospital personnel have already pre-registered. They are eager for information on the subject of neglect and abuse. They want help to resolve the dilemma of "should they" or "should they not" report, and to whom. I hope that one of the things they may take with them out of our symposium is a strengthening of their resolve to report these cases to child protective services.

We are approaching this whole question of educating people to their responsibilities through some of our published materials. We prepared a special little leaflet for use with schools because schools in many states are now mandated to report cases of suspected abuse. We call it "Guidelines for Schools, for Teachers, School Administrators, School Nurses and Counselors." The leaflet gives guidelines to help school personnel identify as early as possible the child who shows the first signs and symptoms of neglect or abuse. It seeks to encourage taking responsibility for reporting these cases to protective social services by telling them "why" they should report and "to whom" they should report. We are in the process of preparing a similar small leaflet for the health field and another for the general public.

Protective services cannot help neglected and abused children unless somebody identifies and reports the child who needs help. Protective services cannot go door to door to say, "We are here from the protective agency. Are your children neglected or abused today?" It just can't be done that way. The service is dependent on someone in the community to "find" the case for us. Target groups in most state reporting laws are medical practitioners, school teachers, social workers and school nurses. But the general public has the same responsibility. Those of us who are in protective services know that most cases come to us from the general public; from friends of the family, from relatives or neighbors. We need to encourage these sources by providing them with information with respect to the nature of these occurrences, their high incidence and the public responsibility for reporting. We *are* "our brothers' keepers!" We *have* responsibility! When parents are not providing proper care for their children, then someone who is aware of the problem should seek help in their behalf.

I am going to close with just two other points. The protective service program is able to resolve the problem of child neglect and child abuse in a majority of these cases. Statistics from our member agencies, both in the private and the public sector, document the fact that almost 90% of neglect cases can be resolved through skilled social services by protective workers. But, some of these cases require the intervention of a higher authority. That authority is the court. Not the criminal court–the juvenile court. The juvenile court is also dedicated to protect children, in terms of meeting their best interests. Unlike the criminal court, which is concerned only for the offender, the juvenile court is concerned for the victim–for the child.

Protective services approach these courts to seek their intervention on behalf of the neglected children. We need to work cooperatively with the juvenile courts. We must develop a good working relationship with the juvenile courts so that protective services and the courts work hand in hand on behalf of children.

I do want to stress this very important fact: Protecting children is a cooperative process involving the protective service agency, the juvenile courts and the medical profession. The ultimate approach, the approach which is bound to result in the truest kind of protection of children, is one which uses this team approach: (1) The medical practitioner (pediatrician and psychiatrist) to provide medical treatment for the child who is abused, and consultation for the protective worker to help give understanding of the dynamics of the situation; (2) the court, in those cases where there is need for intervention, to provide immediate protection of the child; and (3) the protective worker, who takes major responsibility for work with the parents to change their behavior. A triumvirate to serve on behalf of children to more truly and effectively protect them!

There is one last member of the team—the broad community. The community serves by providing the sinews for the program—sinews in two ways: (1) the financial resources so the program can be developed in keeping with needs and in keeping with total demand; and (2) in terms of identification of children.

I am going to close with an elaboration of the question of priorities in terms of how a community uses its funds. As I travel throughout the country, I find in some states, and in some communities, a process which substitutes the placement of children away from their homes as an answer to resolving the problem of the neglected and abused child. They seem to act on the thesis that, if a child is neglected or abused, "Let's take him out of that "bad" home. Let's put him in a nice, clean foster home." But what the community fails to recognize is that this approach is a far costlier process for the entire community—costlier in many ways. First, in terms of dollars and cents. It is far more expensive for the community, and it consumes far more of the tax dollar, to pay the costs of foster care than it would be to pay for the service of a good protective service worker. In the course of a year, a good child protective service worker could salvage a minimum of 15, to 20, to 25 homes. The protective worker could prevent the foster care placement of possibly 100 or more children in the course of a year. It is much less expensive to pay one salary than it is to pay the foster care costs of 100 children at the rate of, roughly, $1200 to $15 00 per year per child—an enormous expenditure which one salary could have prevented.

But far more important than the dollar cost is the importance of salvaging human dignity and human values; the salvaging of homes, the salvaging of people; and the giving of respect and dignity to families which may lack both. Protective services help neglecting parents to become responsible. It helps these parents to assume their obligations and duties toward their children. It permits them to hold up their heads with pride because of the help which was given them—help to which they are entitled as a matter of right.

Senator Mondale. I must say in the many years that I have been in hearings in this country I have never seen or experienced a more impressive, competent, and warm-spirited presentation than I have heard here today, and I thank you very, very much.

[Whereupon, at 12:45 p.m., the hearing was adjourned, subject to the call of the Chair.]

CHILD ABUSE PREVENTION ACT, 1973

TUESDAY, APRIL 24, 1973

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN AND YOUTH
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
New York, N.Y.

The subcommittee met at 10 a.m., pursuant to notice, in the Winston Conference Room, Roosevelt Hospital, Senator Walter F. Mondale (chairman of the subcommittee) presiding.

Present: Senator Mondale.

Committee staff members present: A. Sidney Johnson and Ellen Hoffman, professional staff members.

Senator MONDALE. The subcommittee will come to order.

This is the fourth hearing of the Senate Subcommittee on Children and Youth on S. 1191, the Child Abuse Prevention Act.

The subcommittee has scheduled this hearing at Roosevelt Hospital with the aim of receiving testimony from the Child Abuse Committee of the hospital and of examining other New York State and city activities related to the prevention, identification, and treatment of child abuse.

May I say I am very grateful to the staff of Roosevelt Hospital for being kind enough to take us around briefly this morning to see some of the facilities and personally see one alleged example of child abuse in the hospital this morning.

This is the subcommittee's fourth hearing on S. 1191. The first and second were held by the subcommittee in Washington; the third involved a visit to child abuse team of the University of Colorado Medical Center in Denver, where I think they have the best effort of its kind in the country; and then this morning we toured the facilities of the Roosevelt Hospital. In addition, I and Senator Stafford of the subcommittee have visited Children's Hospital in Washington, D.C., to observe the workings of its child abuse team.

We now know this is an enormous national problem and, although there are a few communities that are doing some things, even a smaller number of communities that are conducting effective programs, in most communities child abuse is a tragic and often pervasive and untreated phenomenon.

There are some 60,000 reported cases of child abuse occurring in this country every year. We think there are many more than that which are not reported. We talk in terms of abuse, not in terms of normal disciplinary techniques that parents usually use; we are talking about things that are abnormal, bizarre, and sometimes fatal.

I have seen children that have been scalded; one child in the D.C. Children's Hospital whose whole torso and legs were scalded, nearly died. I have seen children that have been burned by cigarette burns.

The subcommittee has seen pictures and direct evidence of dismemberment, poisoning, a whole range of grisly mutilation and mangling that is almost beyond belief.

What we are trying to do in these hearings is to establish the existence of this problem and try to determine, through hearings such as these this morning, how we should proceed to try to prevent abuse and to deal with those tragic children who have been abused.

We are delighted to have the Child Abuse Committee from Roosevelt Hospital with us this morning, and I will call Dr. Marianne Schwob, the director of the committee program; she is here this morning with the other members. Will you proceed.

STATEMENT OF MARIANNE SCHWOB, M.D., DIRECTOR, CHILD AND YOUTH PROGRAM; CHAIRMAN, ROOSEVELT HOSPITAL CHILD ABUSE COMMITTEE

Dr. SCHWOB. I thought as a beginning I would like to show some slides [1] of children taken here where the child was obviously a case of abuse so people here will know the type of case we are talking about.

[Slide 1]

This child is at present in the hospital and obviously has a large lump on her forehead. You can see the black eye.

[Slide 2]

In the next picture, you can see the black eyes are on both sides. This child is 2 years, 5 months old.

[Slide 3]

This is a closer view; you can see the large lump on the forehead which is beginning to change colors and the black eye.

[Slide 4]

These are lesions on her legs. We are not sure what they represent but they could be scars of cigarette burns, or such, and we have to investigate.

[Slide 5]

This was a baby; we took this picture a long time ago. This child was 7 months when he was brought in, and he was covered with lesions.

Senator MONDALE. What would cause that?

Dr. SCHWOB. If you look at them carefully, what you will see is that on each lesion there are teeth marks; these were bites inflicted by the father.

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[1] The slides referred to had not been supplied to the Subcommittee for reproduction when this hearing went to press.

Senator MONDALE. You investigated this and found out the father was actually biting the child and creating the scars?

Dr. SCHWOB. They did look like human bites and, on certain of them, you could count the number of teeth an adult has in his mouth.

As you can see, the child was just covered with these marks all over his body. He was pale, anemic, and he came in with convulsions because of damage to his brain because of a hemorrhage inside the head.

[Slide 6]

This was one of the more severe, deeper bites that had not healed properly.

[Slide 7]

Here is another side, showing a bite on the arm that is fresh and having difficulty healing.

[Slide 8]

This was another child, older, who had strap marks all over his body.

Senator MONDALE. That child's case was investigated and it was found he had been beaten with a strap?

Dr. SCHWOB. Yes, and these are the same kind of marks.

[Slide 9]

I think what should be striking is that on occasion obviously this abuse goes on for long periods of time before it comes to anyone's attention. This child that was bitten must have been bitten every day for many weeks before anyone ever noticed anything was amiss or did anything about it.

Senator, let me tell you about how we have tried to handle this situation at Roosevelt. We have a Child Abuse Committee which was started in the fall of 1970 in an attempt to respond to a new State law which made it mandatory for physicians, teachers, or anyone involved with children that have been abused to report this abuse.

The committee consists of two pediatricians, a child psychologist, a public health nurse, and a social worker that acts as our coordinator and keeps track of all the cases we discuss.

We handled, in the past year, 40 cases. Any case of suspected abuse in the community or in the hospital must be reported to our committee. We then embark on an investigation of the case and, as a preliminary, usually we contact all the social agencies and we contact the New York City registry of abuse cases to find out whether previous reports have been made on this child or any member of that child's family.

After we have gathered information, we hold a meeting of the committee. All the members of the committee are invited as well as any member of the hospital staff or of the community such as teachers, lawyers, social workers, welfare workers, community workers who may have had anything to do with the case at all.

We try to find out as much about the case as possible. We try to make a decision as to (1) whether there has been abuse or not. After all, a child may fall and sustain a serious injury and it woud be very harmful to that child to accuse his parents of having done something they have not done.

On the other hand, more often than not, the type of damage which occurs during abuse is different enough from the type of trauma one sustains in a fall, so that we can, from a medical standpoint, differentiate between the two.

We then try to answer a number of questions. The first one is: Is there any danger to this child's life at present if we discharge the child back to his family?

The second question we then try to answer is: If there is danger, is there any way in which we can either minimize the danger or make it disappear completely and, if so, how can we do that?

Finally, one question which we must always answer is: Can we do anything? Because there are certain types of parents, psychotic parents who have absolutely no sense of fathering or mothering who will never be able to learn how to take care of a child and to whom it would be folly to discharge a child.

Once we have tried to answer these questions—and sometimes they cannot be answered at the first meeting of the committee and, on occasion, we have to request the psychiatric workups on the family, et cetera—once we have answered these questions, then our goal is really in every case, if possible, to try to rehabilitate the family so that the child can go back to a strong parent who will be able to turn to someone in times of crisis and will thus be able to avoid battering his child.

[The prepared statement of Dr. Schwob follows:]

Statement presented by Dr. Marianne Schwob, Chairman of the Roosevelt Hospital Child Abuse Committee, to the Public Hearing on Child Abuse, April 24, 1973.

In 1969 the Child Welfare Committee of the Medical Society of the County of New York recommended statutes for the protection of Neglected and Abused Children. These statutes became State Law on June 1, 1969, and in response to the new law the Medical Board of the Roosevelt Hospital appointed a "Child Abuse Committee" formed to ensure that representatives of various disciplines would together, develop knowledge and familiarity with child abuse and would thus help in making decisions about the management of cases where child abuse on neglect is suspected.

At present the committee consists of two pediatricians, a child psychologist, a public health nurse, a representative from Hospital administration, and a social worker who acts as "coordinator." The committee meets regularly twice a month and on an emergency basis whenever the need arises. 40 cases were handled during 1972.

The committee deliberates on all aspects of the case in an attempt to reach a decision which will be in the best interests of the child. At its deliberations we invite any members of the hospital staff who have had contact with the family as well as members of the community agencies, teachers, lawyers, social workers, community workers, welfare workers who have been known to be involved with the family.

In our experience the abusing families have had a multitude of complex problems and a complete picture helps decision making.

The following steps in decision making must be observed:

I. Is there threat to the child's life at present if the child is returned to the home?

II. Can we minimize or abolish this threat and if so by what intervention?

III. Can this family be worked with?

The goal in every instance is to try and rehabilitate the child and the family. If no immediate decision can be reached because members of the committee feel certain vital information is lacking, then further diagnostic investigations will be requested and final decision postponed.

The major problems in helping the child and his family are:

I. The lack of organized community services available.

II. The lack of knowledge available on what happens to the abused children under various conditions of placement.

III. The lack of feedback from placement agencies and supporting agencies which results in our inability to grow in "decision making."

Unfortunately none of the members of our committee devote themselves full time to child abuse and neglect problems. We have no special funds earmarked for the follow up of our cases. Whenever the patient lives within our " Child and Youth catchment area", we are able to utilize our own community outreach group and work intensely with the families, those who are potential abusers as well as those who are known abusers. When the family lives out of area, we have to rely on a variety of scattered agencies as sources of help and treatment and our impact is much weaker.

IV. The lack of knowledge and support available in cases of neglect without frank physical abuse often makes reaching a satisfactory disposition impossible in these cases. Physical abuse represents the top of the iceberg in the field of pathological parent child relationships severely damaging to the child. More information must be obtained in this area before effective prevention can occur. The ultimate goal would be detection of potential abusers before the child is born, and intensive work with a future parent at risk so that when the child is born the parent has established sources of help in times of crisis. We do know that the parent at risk is likely to have been abused himself or to have had no "Mothering" to have unrealistic expectations from their children and to have no one to turn to in times of crisis. Once a parent at risk is identified training could be undertaken. In fact we are planning at present for all our C & Y parents a course in normal child development in an attempt to make their expectations more realistic.

Marianne Schwob, M.D.
Chairman
Roosevelt Hospital
Child Abuse Committee

MS/dh

A PROPOSAL FOR A CHILD ABUSE CENTER
AT
THE ROOSEVELT HOSPITAL
DEPARTMENT OF PEDIATRICS

INTRODUCTION

The Department of Pediatrics, Roosevelt Hospital, has been concerned with the problem of child abuse for a considerable length of time. After the New York State legislation on Child Abuse in 1969, a Child Abuse Committee was organized at The Roosevelt Hospital. For the last three years, a Child Abuse Committee has systematically investigated each case of suspected abuse and neglect.

The Committee consists of representatives from Pediatrics, Nursing, Social Service, Psychology and Administration. Since there has never been additional funds allocated to support this work, the activities of this committee have been limited to the identification and management of abused and neglected children. The primary concern, to date, has been to evaluate children and their parents and offer the children protection until the Committee felt it was safe to return them to their parents. Whenever this could not occur, other social agencies were involved who, hopefully, could take over long term management and intervention. In the past three years, the Child Abuse Committee has developed the ability to detect abused children and make treatment recommendations. We do not have the ability to follow these children and implement the treatment plans.

We have found that a large percentage of children coming to our attention are emotionally, psychologically, and physically "neglected", rather than physically abused. We have extensive experience with children who are not emotionally and intellectually stimulated and fail to thrive developmentally. For this group, it has been more difficult to identify a clear clinical syndrome and to determine what constitutes "legal neglect". There is another group of children under our aegis. These children are born to addicted parents. These parents become incompetent for either short or long term periods.

We believe that a residential center is needed that would be totally devoted to the study, diagnosis, treatment, and prevention of child abuse and neglect. This center would be an excellent locus in which to train other professionals and non-professionals to work with problems of child abuse in their own communities. It would also enable systematic data collection and documentation of the problem and could provide the basis for numerous research projects. Such a center could be the nucleus for child abuse community out-reach programs.

Since The Roosevelt Hospital Department of Pediatrics has a Comprehensive Child Care program and a Child Abuse Committee, personnel is available to initiate programs as well as provide intervention immediately.

The child abuse center would have four major goals: (1) Prevention, (2) Intervention, (3) Training and Research. Training and research would occur simultaneously with prevention and intervention.

PLANS FOR THE CENTER

The center would be functionally and physically independent, but closely associated with The Roosevelt Hospital and the community groups within the hospital catchment area. The staff would be employed and governed by the administrative policies of the hospital. The hospital would also provide medical diagnosis and treatment as needed. The non-professionals would be selected from the various ethnic groups in the community. The project would endeavor to involve members of the community to volunteer their time as surrogate parents, group participants and serve in other capacities as the need arises. In addition to the residential program, the center would provide group discussions, day care, and temporary shelter for non-residents. Out-reach activities would radiate from the center.

PROGRAMS

I. PREVENTION

Programs to prevent child abuse must be developed for the specific types of parents who tend to be abusers: the experientially deprived and the emotionally disturbed.

A. Parents Who Replicate Their Own Childhood Experiences

A high percentage of parents tend to use severe physical punishment as a means of controlling and training their children. Other parents, to varying degrees, do not make contact with their infants. These parents have poor or unreasonable expectations of their children. They do not know which behavior needs control and what is appropriate infant behavior. These parents are usually isolated, naive individuals who deal with their children in the only way with which they are familiar. Often, if they become extremely depressed or there is a crisis, these individuals become potential abusing or totally neglectful parents.

We are currently planning an education program to enlist parental participation in on-going discussion groups. This would be preventive. Parents would be educated to develop reasonable expectations for their children. We also plan to introduce a strong parent education program in the public high schools.

Education for parenthood is particularly important in a complex urban area such as New York, where the family unit is small and inadequate housing and fear of crime do not engender fraternal relationships. In less urban areas, the extended family is more prevalent and the nuclear family does not take total responsibility for the rearing of their children. Relatives or close neighbors offer advice, assistance, or emotional support. The parents feel less isolated, responsibility is diffused and the potential for explosive behavior resulting in child abuse, is lessened. Many isolated families in New York City do not have this kind of community existence and the potential for the explosive behavior is greater.

Thus, a stable center that would attract interested community members and committed, well-trained personnel can have a role similar to the extended family in an urban area such as New York City. Parents can be encouraged to use this facility. After they have become involved and knowledgeable, they can themselves become "caretakers" in the community.

B. Parents with Severe Emotional Disturbances

There are parents who, because of their own personality problems rather than cultural and social deprivation, abuse and neglect children. A study of this group, is necessary to determine the degree of pathology and whether these problems are amenable to change. Some parents are so severely disturbed and so physically brutal, that they will not respond to any outside help. Their children would have to be separated from them. There are other parents, who have severe emotional problems and histories of having been abused themselves, who still can be helped. Categorization of these various groups would enable early identification of these parents. Assistance and modalities of intervention could be meaningfully selected. For example, harassed parents in crisis who have been severely deprived themselves, are potential abusers. Surrogate parents, crisis intervention centers, psychotherapy, babysitting services can all be explored as means of keeping children with their parents. Thus, improved ability to identify abusing and neglecting parents early and the provision of specialized services could serve as another important means of prevention.

The proposed center would accept any parent identified as a child abuser regardless of the diagnosis, provided they were willing to participate and cooperate. Those who might be in danger of "acting-out", would be required to remain in residence for a period, while intensive therapeutic techniques would be offered. In this way, we could provide a service and simultaneously study clinical syndromes for more accurate identification and planning.

II. INTERVENTION

A specialized center for the study of child abuse would offer intervention that does not exist at present. Combined out-patient and in-patient facilities would allow a totality and flexibility of service for better intervention techniques and follow-up, and an opportunity for more careful research into the techniques of intervention. A center with good on-going community contacts would permit earlier identification, faster and less threatening means of intervention than the more formal and formidable methods currently available to us. Associating these parents with a center that would offer community contacts, rather than the hospital, should be less threatening and therefore it should be easier to bring these parents in. It would protect the children and still not legally separate these children from their parents. Financially, this should not be any more expensive than keeping the children within an acute care hospital until disposition or placement in temporary foster homes. Residential and ambulatory parents could more easily become involved with the program, and thus be more amenable to change. Acceptance of all "willing" parents, without prejudging their amenability to change, would make available a wider range of presenting problems and the opportunity to assay the outcomes of intervention techniques. The acceptance of all parents is only possible if there is an in-patient program. Involvement before the children are hospitalized, discovering the situations within the community through the use of outreach programs, would be innovative in child abuse management.

III. TRAINING

Training and education would be a major effort of the Child Abuse Study Center. Training would involve professionals, non-professionals, community workers, and volunteers. Community organizations would be educated in all aspects of child abuse and neglect intervention and prevention. A primary purpose would be to explore ways of developing a corps of community volunteers to work with abusing parents and abused children. The plan is to recruit workers from other communities, as well as our own, and train them to work in the area of child abuse and neglect: prevention, intervention and identification.

After the training period, the workers will then return to their communities to work under supervision.

A grant of approximately $350,000 would enable us to rent a facility providing space for residential and ambulatory management of our caseload and provide necessary salaries and supplies.

Senator MONDALE. We found in the other hearings—for example, in Denver, they said about 90 percent of the cases of child abuse could be treated in the family by strengthening the family, working with their problems, and that it was not necessary or even desirable to permanently separate the children from the parents or family. Would you agree with that general observation?

Dr. SCHWOB. I would say that the greatest majority of the children can ultimately be placed back in their family. However, we do seem in New York to have a larger number of psychotic parents, parents who are on various drugs and just simply cannot be relied on. They may be reliable one minute and just completely off the next minute.

Senator MONDALE. Do you have a rule of thumb as to approximately what percentage of the children can be treated with the family intact?

Dr. SCHWOB. I would say in our experience about three-quarters of the children can be put back in their family.

Senator MONDALE. What sort of problems or difficulties, in your opinion, would suggest permanent separation of the children from their parents? This gets to be a very central question. We are not interested in interrupting normal discipline of families; certainly our objectives can't be to immediately separate children, it doesn't seem to me, as a matter of policy. It seems our direction should be to keep the family together if at all possible.

At what point do you decide the child should be separated from the family? What goes into that decision?

Dr. SCHWOB. I think it is usually a good idea to separate the child in the beginning from the family until the crisis is over, until the family has learned to turn to someone for help and has been able to come to terms with their difficulties.

As this happens, very often one can then follow this family and see how interested it is in getting the child back, how eager it is in trying to change, because, after all, no human being will change unless he has the will to, and we can try as hard as we can but, if the person being treated does not want to improve, we will not succeed in improving him.

In a way, this is the way we make the decision; if we see the parent is eager to change the relationship and tries to change the relationship, then we know there is hope. If the parent for some reason, either because he is mentally inadequate or—pardon the expression—crazy: there are many forms of psychoses involved—if this is the problem and the parent is not able to improve, is not able to seek help or to make some sort of adjustment, then we find that it is in the best interest of the child to place that child because we are dealing not only with the problem of a parent who abuses but also the problem of a parent who is irrational and unable to give the child intellectual values as well as moral values.

In general, since the children are removed in the beginning, it does give us time to make this decision in as fair a manner as possible, and we have, on occasion, felt that a child who was removed, we though permanently, should be brought back into the home because we felt we had made a mistake on the character of the mother and felt that she had certainly much more there than we thought she had in the beginning, and we have made every effort to get the court to reverse an initial judgment in such cases.

Senator **Mondale**. You indicated earlier that Roosevelt Hospital receives about 40 children a year about whom there is serious suspicion of abuse?

Dr. **Schwob**. Yes.

Senator **Mondale**. Do you have any notion of what percentage of unreported abuse there is in this area? Do you think most of it is reported?

Dr. **Schwob**. I do not. I have on occasion reviewed large numbers of outpatient clinic charts for one purpose or another and, in the process of these reviews, I have counted at least five or six per hundred charts where there were multiple injuries to children such as burns, lacerations, broken bones, several injuries in the same child where really one would suspect that there was something amiss, and one should further investigate into the circumstances leading to these accidents.

Senator **Mondale**. You say you get these figures from what?

Dr. **Schwob**. From reviewing charts.

Senator **Mondale**. In the hospital here?

Dr. **Schwob**. Right.

Senator **Mondale**. You say 5 or 6 per 100?

Dr. **Schwob**. Yes. But, of course, you cannot be absolutely sure. As a mother of four boys, I know children will fall and, on occasion, the same child will fall two or three times in a row during a month.

Senator **Mondale**. In New York you have a reporting statute; that is, doctors who see abuse are required, under the law, to report it to the authorities?

Dr. **Schwob**. Right.

Senator **Mondale**. How effective has that law been in your opinion?

Dr. **Schwob**. I think it is extremely effective in hospitals where the staff has been trained to look for abuse and where we are trained to be suspicious. Cases are rarely reported from private practices although we know they occur. It is very difficult, if you know the person who is bringing in the child, to face the fact that person may be abusing the child. We like to close our eyes to this.

Senator **Mondale**. It is your impression that doctors in hospitals are more apt to report examples of abuse than doctors in private practice?

Dr. **Schwob**. Yes.

Senator **Mondale**. Do you have any general notion of deaths from abuse that are reported?

Dr. **Schwob**. I think the severe cases are all reported but, as I understand, a fair number of cases are seen first in the medical examiner's office and those must have had, prior to the death blow, a number of less severe blows which should have been reported.

I think that the Denver statistics show that, in abuse cases, the first injury is rarely fatal but, once there is a first injury, there is at least an 80-percent chance that subsequently there will be a fatal or maiming injury.

Senator **Mondale**. That is another element that never occurred to me. That is, in addition to doctors in the hospitals that you think are doing a good job of reporting and doctors in private practice who are not reporting abuse, you have a question as to the adequacy of reports from coroners about children brought in dead?

Dr. SCHWOB. Yes; you wonder who did not report the previous case of abuse before the final blow which brings the child to the coroner's slab.

Senator MONDALE. How effective do you think coroners are in reporting instances of abuse of children?

Dr. SCHWOB. I think in New York City, the medical examiner is quite aware of these problems and does a very good job. I am not sure in areas where the coroner is not quite as aware of these problems, all these deaths could not be chalked up as accidental.

Senator MONDALE. But your suspicion is that from about 5 to 6 percent of the children brought to this hospital, when you look at their charts, have injuries which create suspicion of child abuse?

Dr. SCHWOB. Right.

Senator MONDALE. If that is a typical national figure, that is pretty scary.

Dr. SCHWOB. I think that there is, without a doubt, a question that must be raised; that is: What constitutes child abuse essentially? We all have slapped our children—or at least most of us have slapped our children, and the only difference is: When we do slap our children, we probably don't do it with enough force to throw them against the wall and make them cut their foreheads in the process of this.

What creates the difference between that slap and the slap that results in a skull fracture is very difficult to determine really. I think it is a matter of control in your physical reaction more than anything else. There is a tendency for all of us to use physical punishment to raise our children.

Senator MONDALE. Don't you think, though, that it is difficult to differentiate between normal discipline which a parent uses to seek to encourage behavior patterns in children and this sort of thing where they are using violence to such an extent that the health of the child is affected and maybe its life? It is difficult to define, but there is a slight difference?

Dr. SCHWOB. I think the abusing parent will think to do this in much greater anger and the normal parent will do this in an attempt to keep the child in line, but it will not be out of anger and possibly hate that this is done.

Senator MONDALE. What makes a parent an abuser? What kinds of things cause a parent to go beyond normal discipline and resort to this kind of mutilation?

Dr. SCHWOB. There have been many studies on this subject, and a profile of the abusing parent has now been fairly well established. This would be someone who has been abused himself or herself or else who has been raised in institutions and has never really had a good concept of what a mother is and a good relationship with a mother figure.

It would be someone who expects too much of his children. Perhaps they, in a way, expect that the child will give them the love they never had as a child themselves and give them all the satisfactions they have always wanted to have and never have been given.

Finally, it is someone who is very lonely and when in trouble has no one to turn to, no one to discuss their problems with, so their anger just simply never gets dissolved or watered out. It mounts.

Senator MONDALE. In our Denver hearings, I was surprised by some of these things, the intergenerational aspects of child abuse. This parent who is abusing his child very often has been abused by his parents. They pointed out many times they used the same implement, the father's or grandfather's belt. In one case, a parent used a lighter; he punished the child by putting a flame in the palm of his hand. The parent abusing the child had been abused by the same lighter by his father. Not only the technique but the implement was handed down.

Dr. SCHWOB. I don't think we have seen that here, but then we do not have as much experience as the Denver group. What we do see, however, is very often the parent who abuses gives us the history of having been beaten up by his father or mother, having gone through the same type of trauma that he is inflicting.

I think the other interesting thing is that there have been prison studies showing that many of the prisoners were abused children, many of the criminals, and I think not only do abusing parents abuse their children but many times they are criminals.

Senator MONDALE. Could you give us a figure about child abuse and crime? The Denver hearings had testimony on this.

Dr. SCHWOB. This was published in the New York Times.

Senator MONDALE. What is that?

Dr. SCHWOB. I would have to look up the reference.

Senator MONDALE. They said they found a very high correlation between children who had been abused and criminal behavior by those children when they grew up. There is something about the syndrome that contributes to violent criminal behavior.

Dr. SCHWOB. I think perhaps when our psychologist comes to the stand, she can explain some of that. I will also be glad to submit for the record material which speaks to that point.

[The information subsequently supplied for the record follows:]

Marianne Schwob, M.
Direct

children and youth
comprehensive medical care program

The Roosevelt Hospital

430 West 59th Street, New York, N.Y. 10019
(212) 554-7475, 6, 7

May 1, 1973

The Honorable Walter F. Mondale
The United States Senate
Committee on Labor and Public Welfare
Washington, D.C. 20510

Dear Sir:

The references you requested on the topic of "Child Abuse Leading to Adult Violence" are the following:

1. Steel, Brandt F., Violence in Our Society. Pharos of Alpha Omega Alpha 33:42-48, April 1970.
2. Curtis, George C., Violence Breeds Violence. Perhaps? American Journal of Psychiatry 120:386-387. October 1963.
3. Duncan, Glen M., et al, Etiological Factors in First Degree Murder. J.A.M.A. 168:1755-1758, November 29, 1958.
4. Easson, William M., and Steinhilber, Richard M., Murderous Aggression by Children and Adolescents. Arch Gen Psychiat (Chicago) 4:27-35, January 1961.

The Roosevelt Hospital Child Abuse Committee has been able to address itself to problems of child abuse and neglect with reasonable success because of the availability of the Child and Youth Project (a Title V project) outreach program. Child abuse and neglect prevention and management have been one of the Child and Youth project's community activities. Public health nurses, social workers, and neighbourhood aides have made regular visits to the homes of children at risk and carefully followed families where neglect or abuse of children were suspected. Of the children and adolescents living in our area, 50% to 75% are registered in one of our Pediatric ambulatory care teams. Families are assigned to a given doctor, nurse, and social worker on the day of registration and are always seen by the same team thereafter. We have, over the past five years, acquired personal knowledge of our patients and their problems, and have been told of neighbour's problems. This knowledge of the families in our community has been a valuable asset in our child neglect or abuse investigations. When suspicions are first raised, we frequently have a working knowledge of the family, its problems, the children's behaviour in school, and their performance. In conjunction with schools and other appropriate community agencies we are able to intervene reasonably fast.

Should the Title V grant be terminated on June 30, 1973, it will be very difficult for Roosevelt Hospital itself to maintain our present level of outreach activities since these activities are at present not reimbursable. Curtailment of community outreach would immediately limit our ability to deal effectively in suspected cases of abuse or neglect.

In Dr. Blum's testimony and your response the statement "that New York City cannot be compared to Denver and that therefore Dr. Kempe's approaches in dealing with child abuse will not work in New York City" was very much left unanswered. I would like to elaborate on it and offer some solutions to the problem. Denver is unique in that it has a citywide health network. New York City has no such "health organization". At present, when a patient consults in sequence two hospitals ten city blocks apart, it may take weeks or even months to obtain information gathered in one hospital transmitted to the other. Medical facilities are numerous, but the volumes of patients handled at each facility are so large that except under special conditions, i.e. our Children and Youth Project, the personal approach is impossible at present.

Furthermore, New York City is unique. It is made up of multiple small communities housing large numbers of individuals with very different ethnic backgrounds. In the East eighties one would find a large number of individuals whose ancestors are German, Austrian or Hungarian. In the West eighties one would find a predominance of Puerto Ricans and Santo Domingans. A surrogate mother of Puerto Rican ancestry would not communicate well with an abusing parent of German descent, and a surrogate mother of German descent would find it extremely difficult to understand the matriarchal family structure of the Puerto Ricans. Success of any program in New York City would, therefore, rest upon applying Dr. Kempe's formula, not on a citywide basis, but in each community utilizing the structures and social organizations of each community, and training community workers and volunteers within the community to help their peers. Churches, day care centers and schools in the community would represent a good starting point.

Parent's Anonymous groups would have to sprout in each area. Advisers, speaking the community language, would have to be trained. Although the problem of child abuse itself is universal, the ability to help the parent is very much predicated upon the ability to understand that parent, his own values and background, and to communicate with him in a language he understands using examples meaningful to him.

The Child and Youth project at Roosevelt Hospital has been aware of this particular problem in New York City and has tried to solve it in two ways:

1. by maintaining constant communication with the various segments of our community via schools, day care centers, headstart programs, and community groups.
2. by training various members of the community who have returned to the community as outreach members of our staff. They provide us with understanding of patients and their problems and practical advice as to acceptable solutions.

Given adequate funds we would be prepared to train members of various ethnic groups in the management of child abuse in their own community.

Enclosed find a proposal for a model unit within our community where we would be able to study optimal handling of all cases of child abuse in our own community and at the same time train members of other New York City communities, or for that matter any other community in the detection, management, and prevention of child abuse and neglect.

Very truly yours,

Marianne Schwob

Marianne Schwob, M.D.
Chairman
Child Abuse Committee
Roosevelt Hospital

MS/dh
Enclosure

Senator MONDALE. Maybe it would be a good time to bring the others on and then we can question them as a panel.

Dr. SCHWOB. Would Dr. Mullen please come up?

Senator MONDALE. Dr. Esther Mullen, chief psychologist.

STATEMENT OF ESTHER MULLEN, PH. D., CHIEF PSYCHOLOGIST TO CHILD AND YOUTH PROGRAM, REPRESENTATIVE FROM ROOSEVELT HOSPITAL ADMINISTRATION

Dr. MULLEN. Yes. Do you want me to respond to your questions?

Senator MONDALE. Yes.

Dr. MULLEN. One of the things we have found in observing the children when they have been brought into the hospital, is that there are distinct patterns of behavior. The babies, those under 2, behave in a certain way, which is to be quite passive, inert, they don't seem to form relationships with people. It is amazing how easily they accept frustration.

For example, if you give a toy to a normal 2-year-old and they like it and you take it away, the normal 2-year-old screams and gets hysterical. The abused baby shows no response. You give it a toy; they may touch it. You take it away; they accept it.

Then we have many children above the age of 2 that have been abused. And show different behavior patterns. These children of 4 and 5 suddenly begin to show uncontrollable and violent behavior. They abuse the staff; they respond to other children by hitting them. We might say this is the beginning of antisocial behavior. What they have not had from their parents is help in developing internalized control.

That might be the beginning of what we call criminal behavior in the future. They tend to take what they want. They have no concept of private property. Now I am talking of the ages of 6 and 7.

Senator MONDALE. Do you have a statement here?

Dr. MULLEN. Yes; the statement of the observations we have made.

By far the largest number of children who are admitted to Roosevelt Hospital for possible child abuse are under the age of 2. This, of course, means that they have no way of communicating to us. There is not enough language development at this age for the normal child to tell of his experiences—that is, by language. There is no language to express himself.

Because of this, we on the Child Abuse Committee, must look for other means to discover whether the suspected abuse was real abuse or merely a peculiar accident. It is here that the psychologist plays an important role.

When a suspected child abuse case is admitted to the hospital for evaluation, the pediatric medical staff will request psychological consultation as part of our study and the results will play a part in the total committee's evaluation of the situation. My experience has been that abused children show distinct patterns in their emotional and intellectual development and, when these patterns exist side by side with signs of physical trauma, abuse becomes a distinct possibility. I will attempt to describe these patterns.

Abused babies tend to be delayed in their overall development, although physical and neurological examination do not necessarily reveal evidence of mental retardation. This is related to the fact that along with physical abuse, the parent or parents have neglected the children and have not provided them with warmth, contact, and the stimulation needed for normal growth and development.

For example, a child usually begins to say his first words at the age of 12 months. By the age of 14 months, we expect a vocabulary of four or five words. Our abused babies show no vocabulary development. They also do not respond to words spoken to them where normal babies of the same age will coo or become responsive when we talk to them. Our abused babies show a great deal of indifference to this. Our abused babies tend to be inert, sit quietly in their cribs, and do not respond to toys offered to them. They are not making contact with the world around them.

Even when they show some interest in a doll or blocks or some sort of game, they show no signs of anger or dismay when things are taken away from them; where a normal child would give some indication of annoyance, the abused child remains impassive, with his entire behavior communicating familiarity with frustration and an acceptance of deprivation without any overt show of complaint.

We are also struck by another important developmental difference in the abused babies that points to distorted relationships with their parents. Once a child reaches 8 months of age, he begins to differentiate between people and responds with fear to strangers as opposed to parents, babysitters, or other familiar people. Our abused children do not reveal this fear of strangers. Just as they passively accept frustration, they permit themselves to be held by anyone and show no signs of mourning the loss of their parents when they are separated from them and placed in the hospital.

Once a child is with us—and, as Dr. Schwob indicated, there is a study period, one of the most important indications of an abused baby is that when I do set up a program for stimulating the child, of playing with them, a change occurs. Here we have the cooperation of volunteers, a nursing staff, medical staff, recreation staff, and when the children show quick responses, when language begins to quickly develop, when they begin to walk and play like others of their age, this becomes another indication of the probability that abuse was present.

I have already spoken of the pattern of the older children. That pretty much covers my statement.

[The prepared statement of Dr. Mullen follows:]

Statement presented by Doctor Esther Mullen, Chief Psychologist to the Child and Youth Program, to the Public Hearing on Child Abuse, April 24, 1973.

By far the largest number of children who are admitted to Roosevelt Hospital for possible child abuse are under the age of two. This, of course, means that they have no way of communicating to us. There is not enough language development, at this age, for the normal child to tell of his experiences, that is by language. There is no language to express himself. Because of this, we, on the Child Abuse Committee, must look for other means to discover whether the suspected abuse was real abuse or merely a peculiar accident. It is here that the psychologist plays an important role.

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These are the patterns of emotional and intellectual deprivation, that I as a psychologist, look for during my period of study. Once the child is with us, I try to work up a program of stimulation and affection with the cooperation of the medical, nursing, recreation and volunteer staff. We try to have one person become involved with each child. It is important to note that in cases where abuse has been established, these children thrive in the hospital. They develop relationships, show great spurts in all areas of development and responsiveness to the environment. We are all delighted when they become a "handful" and more difficult to manage, for this is a sign of growth.

Abused children who have language development and are above the age of four show other kinds of patterns. Here, they usually talk of their abuse on arrival, expressing indignation, but as they remain with us, they become nostalgic for their parents and their memories of the abuse fades away and the initial anger shifts to yearning for their parents. Here, we can get more direct evidence of the abuse, not only by their reports, but by watching their play and administering more traditional psychological tests. // It is important to note that the abused older child, in distinction to his younger counterpart's inertia and passivity, is aggressive and is frequently uncontrollable in behavior. This behavior, too, indicates parental deprivation for a child needs a concerned parent to help him develop behavioral controls. We can see in this age child the beginning potential to become an abuser of others.

The role of the psychologist is not only diagnostic, but is very much involved with the committee's attempt to work out a meaningful plan for the abused child's future. Decisions have to be made as to whether or not to separate the child from the parent permanently, temporarily or not at all. Much of our thinking is based on the potential of the parent to change. // Sometimes, if the parents are available, we administer psychological tests to them to help us in this type of determination. Is the parent so totally disturbed that permanent separation should be recommended? Or, can the parents be helped to control their rages and do they want the child enough so that they are willing to work on their problems? Or, possibly, was the particular abuse a result of simply a single episode and unlikely to be repeated? These are the questions we on the committee address ourselves to and as the psychologist, I try to bring in my specialized point of view.

Esther Mullen

Esther Mullen, Ph.D.
Chief Psychologist
Child and Youth Program

EM/cj

STATEMENT OF DR. ADA TRUPPIN, CLINICAL DIRECTOR, CHILD AND YOUTH PROGRAM

Dr. SCHWOB. The next witness is Dr. Truppin, clinical director of the child and youth program.

Senator MONDALE. Dr. Mullen, why don't you stay up here.

Dr. TRUPPIN. The child and youth program is uniquely adapted to identify the potential for child abuse and to attempt its prevention.

The philosophy is that of comprehensive care through a multidisciplinary approach and a concern with the emotional as well as the physical well-being of the children.

The professionals and paraprofessionals, who work closely as a team, are alert to the danger signals. These may be observed during a visit of the family to the clinic, or the neighborhood aide or public health nurse may become aware of incipient difficulties in a family during a home visit or a talk with a neighbor while working out in the community.

The danger signals are well known to all who have had experience with cases of child abuse—the angry, punitive mother who lashes out at her children in the waiting room or corridor; the depressed, withdrawn mother who ignores her child's bid for attention; the mother overwhelmed by the stresses of living who has become addicted to drugs; the mother who has not yet outgrown her own childhood with its dependent needs or one who, though mature in age, has never had her childhood needs satisfied. These mothers are identified and given the help needed in order to protect their children and themselves.

On the other hand, the hostility of the parents may be provoked by a child who is different or difficult—physically handicapped or mentally retarded or hyperactive or, at times, a child who merely fails to fulfill the unrealistic expectations of the parents.

The close relationship developed in the clinic during the visits with the professional and paraprofessional members of the teams unmask these feelings of ambivalence and hostility and direct attention to the need for special help within the hospital or in the community.

Senator MONDALE. Dr. Truppin, you are a medical doctor?

Dr. TRUPPIN. I am a pediatrician.

Senator MONDALE. Have you been with the program from the beginning?

Dr. TRUPPIN. No; I have been with it for about 2½ years.

Senator MONDALE. Wasn't the program started 2½ years ago?

Dr. TRUPPIN. The child abuse committee was started 2½ years ago, but the child and youth program was started about 6 years ago.

Senator MONDALE. Miriam Muravchik was supposed to appear with the child and youth program representatives from the Roosevelt Hospital administration. She was unable to appear but submitted a statement for the record, which we will include at this point in the record.

[The prepared statement referred to follows:]

Senator Mondale, Ladies and Gentlemen:

My name is Miriam Muravchik. I am Director of Social Work for MFY Legal Services, Inc., one of the oldest and largest O.E.O. funded legal services in the country. Over the past five years our lawyers have represented respondent parents in more than 1,000 cases of neglect and abuse in Family Court and our social workers have worked with many of these same families helping them to resolve the problems which brought them before the Court.

Let me say first that I am saddened by the President's veto of the Child Development Act which you sponsored. Prevention of neglect and abuse requires a floor of basic services.

I applaud your recognition of the problems of neglect and abuse, and I support the main features in the Child Abuse Prevention Act. I am particularly impressed that you chose to visit the Helfer-Kempe program in Denver and the Roosevelt Hospital Child Abuse Committee here in New York because I believe these programs demonstrate the most viable solutions to the problem of child abuse.

I am grateful to Dr. Shwob for the opportunity to be here today, and to give you my reactions to several broad areas contained in the Act.

First, I am concerned about the establishment of a national list. Listing, no matter how limited, raises serious issues of civil liberties, invasion of privacy, and erosion of the doctor-patient privilege. I am fearful that any list compiled by a National Center on Child Abuse and Neglect will make the parents of listed children suspect.

Our New York City experience has shown that only 2.5% of the children reported to the central registry were considered by the courts to be in need of removal from their homes. In addition, the establishment of a central registry has opened the door to parties interested in expansion of such listing for whatever reasons, and in the process the protection of civil liberties has not kept pace with the expansion of the registry. In addition, a breakdown of the cases reported between July and December, 1969 showed that out of a total of 1,117 cases, only 8 were reported by private practitioners. Dr. Vincent de Francis, of the American Humane Association has seen this as a nation-wide problem. In a letter dated January 19, 1970, he wrote:

> "Sources of referral are predominantly hospital personnel . . . serving minority families in deprived . . . communities. A consequence of the reporting is a bias in terms of identifying child abuse as a phenomenon associated with minority families in under privileged areas."

Weighing the arguments on both sides, I am opposed to a national registry and committed instead to vast expansion of an outreach and treatment approach.

Second, I am concerned about the consequences of lumping together into one single Act, or in one National Center, the two disparate entities- neglect and abuse. Neglect is usually identified as a fairly pervasive problem often associated with the culture of poverty. Treatment typically consists of building in compensatory and/or rehabilitative services. Abuse, on the other hand, has been more clearly conceptualized as a psychiatric problem. Treatment may sometimes require the intervention of the Court and the temporary removal of the child from the home, until a therapeutic relation has been established with the parents. Our experience in New York has shown that legislation dealing with abuse is often introduced at times of public outrage about some particular incident and may reflect this climate. Legislation and treatment geared to abuse may be inappropriate or even destructive when applied to neglect.

I support the recognition of this in the Act as reflected in Section 2b. I would hope that the separation would be made explicit in other parts of the Act.

Third, I am concerned that the privilege of confidential communication with mental health practitioners be safeguarded. In the New York State abuse legislation this privilege has been sacrificed in the interest of reporting.

Let me illustrate from my own experience: My job is to reach out aggressively to a family, visit the home repeatedly, go with the family to the Welfare Center, to Roosevelt Hospital, etc., using the rehabilitative resources available in the community and supporting and confronting my client.

I have no problem saying to one of my neglectful mothers - "I can't go home at night when I know you are leaving your kids alone, in danger of fire or accident." "You have to stop doing this, or you have to make some other temporary plan for your children's care until you can get yourself together." Usually, this is enough. My client will begin to respond if she feels I really care about her and her children.

But if I cannot guarantee my client confidentiality, if my records can be subpoenaed, if my reputation for trustworthiness in the community can be put on the balance, then I cannot do my rehabilitative job. Trust is the essential tool of the treatment relation.

Fourth, I am concerned about the illusion that Court intervention and placement of children provide viable solutions to the problems of the children.

When a case is brought before Family Court in New York City the public child welfare agency and the voluntary community agencies usually withdraw their services and await the decision of the Court. Cases drag on for six months, even a year, during which time no services at all are provided to the family. Ultimately, approximately 13% of the children go into long-term placement. Another 10% go home under probation supervision. The Court provides no services whatever for 70% of the children who come to its attention.

The judges are properly reluctant to place children because they know full well that placement is a high risk intervention. Children who have been abused are often fragile. Many have emotional problems which make it difficult for them to adjust in foster care. Children in placement tend to develop additional problems. They have problems of identity and difficulty in forming relationships that are more than superficial. Some suffer from recurring depression in later life. Some become sociopathic personalities. More than 20% of all children placed in New York City never return home and become what has variously been described as: "casualties of the system", "children in limbo", "orphans with parents". This discouraging process does nothing to prevent the cycle of neglect and abuse from recurring in subsequent generations and is enormously expensive for the society.

Finally, I am concerned that full range of legal representation be available to families who are threatened with the removal of their children. I can only hope that O.E.O. legal services will continue to operate and be funded at a level which will allow lawyers to represent the very poor in such cases. I know Roosevelt Hospital shares our concern about the families of the working poor who do not qualify for our services and cannot afford to pay for legal representation. I would hope that provision for legal services be included in the Act.

In conclusion, I hope that substantial representation be given on the Commission to persons who will be sensitive to the civil liberties issues which are involved, to persons who have knowledge and expertise in the area of neglect as distinct from abuse, to persons who are responsive to the problems of the poor and of the ethnic minorities, to persons who have expertise in the area of the legal problems of these families and, above all, to persons who are committed to the goal of strengthening family life.

Thank you.

Senator MONDALE. Is there any one else?

Dr. SCHWOB. Miss Jones, who goes into the home and makes investigations; she is a public health nurse.

STATEMENT OF NANCY JONES, R.N., PUBLIC HEALTH NURSE, CHILD AND YOUTH PROGRAM

Miss JONES. The public health nurse makes home visits to patients and their families, providing them with direct nursing care and instruction in medical regimes. She visits all infants delivered at the Roosevelt Hospital and living within the child and youth catchment area. She acts as an adviser and liaison to local health agencies and educational facilities. Her practice within the community offers families service outside the hospital walls.

The public health nurse has been welcomed into homes for many years, teaching nutrition, hygiene, infant care, and mothering and referring families to community agencies for health, social, vocational, and economic needs. Working in the home, she often first recognizes the early signs of a disturbed parent-child relationship and can assist the family in seeking help before neglect or abuse occurs.

To known abusive families, she can act as surrogate mother during her visits. She demonstrates appropriate behaviors with children, she assists with home management, and helps families budget time for parental and spouse activities and responsibilities.

Through the public health nurse's knowledge of community health agencies—the department of health, vsiting nurse service, American Red Cross, neighborhood health centers, and Dominican Sisters of the Sick and Poor—she can advise the committee of appropriate resources to assist parents in coping with each other, with their children, and with the community.

Dr. SCHWOB. Miss Visser, who acts as our coordinator and is a social worker, often is the person who is most important in interviewing the parent and in delving deeply into the parental problems.

STATEMENT OF LOUISE VISSER, COMMITTEE COORDINATOR; INPATIENT PEDIATRICIAN SOCIAL WORKER

Miss VISSER. The social worker's function on the Child Abuse Committee is threefold: As a social worked assigned to the Pediatric Service, I represent the Social Service Department on the Roosevelt Hospital Child Abuse Committee; serve as a consultant to other disciplines; and act as committee coordinator.

The social service component of the child and youth project makes a concerted effort to address the problem of child abuse and neglect on a preventive and treatment level. The outreach thrust of this comprehensive pediatric medical care program makes it possible for the social worker and medical staff to identify children at risk and to provide preventive services, as available, to avoid abuse.

The Child and Youth Social Service staff, as well as other professional disciplines, use the Child Abuse Committee and the social worker who serves on this committee as consultants because of their special knowledge of the problems, their causation, their legal ramifications, and the appropriateness of reporting to the Bureau of Child Welfare Protective Services.

In cases where the child and youth social worker does not know the family, the child is hospitalized on an emergency basis. As the inpatient pediatric social worker, I become involved. A balance between, on the one hand, the authority I represent as a staff member of the hospital committed to protect the child and, on the other hand, the professional commitment to understanding and helping the family is ideally struck.

Where the abuse is clearly identified, I immediately report to the Bureau of Child Welfare Protective Service, thereby seeking protection for the child in the hospital, and advise the family that this reporting action has been taken. This is done in the context of establishing a helping relationship. When the situation is not clear, I may immediately seek committee help in decisionmaking. The committee is most helpful in providing as objective a view as possible of the situation because of its interdisciplinary composition.

The social worker's direct work is the assessment of the family situation and its social functioning as a unit within the community. Emphasis is placed on arriving at an understanding and resolution of the underlying cause. This understanding of the basis for the physical abuse and our evaluation of the amount of inner controls that the family can summon, if given support, enable use to arrive at a recommendation around the family's ability to prevent future abuse.

In some instances, with committee support, the child may be returned home with needed community services provided by Roosevelt Hospital staff and/or other community agencies. In other instances, placement out of the home is indicated and the recommendation is made by the social worker to the Bureau of Child Welfare for such placement.

The social worker remains involved in the situation as, appropriate, to help the family with its problems. The Bureau of Child Welfare Protective Services and the court utilize heavily the committee's recommendations in their disposition planning.

The social worker's interventions are severely restricted by the insufficient number of homemakers who could be used to provide supervision, education, and support to the parent toward prevention of family breakdown that threatens the child.

We urge the establishment of a preventive interdisciplinary program involving physician, social worker, public health nurse, psychologist, nutritionist, and homemaking aides to service our atrisk population on a demonstration basis. There are groups we have already identified as high risk, such as addicted, alcoholic, and immature parents with low thresholds for frustration who need a more integrated outreach program than we can provide with present staffing.

Senator **Mondale**. Again, most of the children who are abused are first identified when they are brought into the hospital. Who brings them in—the parents?

Miss **Visser**. There are any number of people that might bring them in. We could have a babysitter bringing them in, someone who is not part of the immediate family, police, other community workers; frequently the children are brought in by the parents during the weekends or evenings into the emergency room. They can come to us in a variety of ways.

Within our program, however, our goal is to be able to pick up children who are going to be potential victims of abuse before it occurs.

Senator **Mondale**. At this point, you are unable to do that because of staffing and so on—to anticipate and prevent. Basically what you are dealing with is abused children and trying to avoid future abuse of that child or children in that family. So the overall prevention problem is still far from being met, is that correct?

Miss **Visser**. Yes.

Senator **Mondale**. How many of these children who are being abused are reported by the parents themselves who recognize they have a problem and call in and ask for help or bring their children in?

Miss **Visser**. I think where there is a relationship between the family and the hospital, we can frequently have a warning that something is going to happen. I think in other situations, however, it would not be the parent that would call in and let us know about this.

Dr. **Schwob**. Actually one of the telltale signs of abuse is the fact that very often the parent comes in with a peculiar complaint, something that is obviously bothering him about the child but is not stating what is really bothering him, and very often we will see the same parent two or three times in a weekend and realize something is wrong and maybe enter the child preventively and find the child had been thrown on the floor and, though there was no lesion we could pick up, the mother was worried about the child.

Senator **Mondale**. The parent probably knows if he abuses the child he risks criminal penalties, and he may risk the loss of the child, who, in spite of his problems, he wants. He may be trying to tell you his problem.

Dr. **Schwob**. Right; they feel guilty but, at the same time, they don't want to be caught. They are trying to get help for the child without tipping their hand.

Senator **Mondale**. Is there any sort of halfway house where they could come and tell people their problems without fearing that they are risking legal penalties?

Dr. **Schwob**. There is really very little at present that does not involve the authorities.

Senator **Mondale**. Do you have a "Parents Anonymous"?

Dr. **Schwob**. Right. A year ago a group of Parents Anonymous was set up under the leadership of Judge Bacon, and actually one member of our Child Abuse Committee and one member of our C and Y project have attended these meetings religiously; and, for some reason, the group has never had the success it has had in California. Very few parents have returned after the first meeting, and it simply has not taken off. It would be an excellent idea.

This type of group works with alcoholics, because they can go there and discuss their own problems without revealing their identity unless they want to, because they could help each other. This type of group would be very, very important.

Senator **Mondale**. I think trying to deal with the prevention problem from the battered child that comes in, surely that must be our objective; there are some very nice problems that arise there from the fear of criminal indictment, loss of children.

We have had testimony from former abusers that they went to welfare agencies and tried to hint they had a problem; in many subtle ways they tried to tell them, "Look, I am beating my kid." They didn't catch on.

Where we have seen these Parents Anonymous groups working effectively, apparently child abusers feel more comfortable calling and saying, "Look, I am just like you. What do I do?" They get together and it seems to work fairly well. In Denver, where it seems to work fairly well, they do not know of any repeaters where the family has been abusing; it works very well. They have had problems with some psychotic parents.

Dr. **Schwob**. This is a very important group. Hospital workers, welfare workers, are available only 9 to 5, Monday to Friday. Most crises tend to develop during the weekends, when the children are home from school, and during the evening, when everybody is home from school and work; and, at the time when the worst family crisis occurs, usually there is no one available for help.

Senator **Mondale**. The 9 to 5 isn't going to work, is it?

Dr. **Schwob**. That is right.

Senator **Mondale**. These other areas—I keep coming back to Denver because they have really been working on this for a long time. In addition to having these groups of "Families Anonymous" who work with each other—where former abusers are available to each other around the clock; they have telephone numbers so they know who to call. They have a committee of lay therapists who are primarily mothers, who agree to work with one family, two families, three at the most.

They are available around the clock and try to help parents under stress, sometimes sit with the kids so the mother can get out of the house. They may take the mother to the movies. A lot of parents are tied down, they are bored, can't get away, they are immature, have all the problems that go with it.

That appears to be a very inexpensive, very personal, nonofficial kind of outreach program which makes an awful lot of sense. Together, it seems to me that they are creating a network of informal communications around the community so people in trouble know who to call.

I take it as yet you don't have that kind of effort, or have you rejected the idea of proceeding in that way?

Dr. **Schwob**. No, we have not; in fact, we were extremely hopeful, when Judge Bacon started a Parents Anonymous group, that we would be able to refer some of our parents there, and we have, but they just have not stayed; we don't know why.

We have very much of this type of helping within our own hospital community because of our outreach program in our outpatient department. We have several mothers who periodically call us up and say, "I am going to beat Johnny. Please do something about it." One of the workers will go over there and talk it over with the mother. On occasion we have admitted Johnny for the night in order to give mother a break if we couldn't find anyone to take care of Johnny in the community.

I think organizing the community and organizing small day care facilities where mothers could, maybe not every day but every once in a while, drop the child to go to a movie or play cards, learn how to sew, get out of their own home and out of their own rut for a few hours a week, would help many, many of the parents.

One of the problems in urban life is that young parents are extremely isolated, they have no one on whom they can rely to take care of the child for short periods of time and they have no one to call who will help them. Their peers are not terribly able to help them.

Senator **Mondale**. Some of the mothers said that there is such a tendency to put them down in the neighborhood if they are abusing their children, the neighbors really sort of turn on them as bad people, so there is no help in the neighborhood, they don't know where to turn.

Dr. **Schwob**. I am sure this is true, but I also think it is part of the pattern of the abusing parent to feel inferior and to feel being put down. One of the things we have to teach them is how to seek help and to realize they are not all that bad and that people are interested in them and will love them even if they are bad. We have to generally build up their confidence.

Senator **Mondale**. Thank you very much.

We will take a short recess, and then Judge Lerner will testify on behalf of the New York State Assembly Select Committee on Child Abuse.

[Whereupon, a brief recess was taken.]

Senator **Mondale**. We are very pleased this morning to have with us Judge Alfred D. Lerner, a Justice of the New York Supreme Court, who, I understand, was formerly chairman of the select committee of the State legislature on child abuse. Will you please proceed.

STATEMENT OF HON. ALFRED D. LERNER, JUSTICE, SUPREME COURT OF THE STATE OF NEW YORK; FORMER CHAIRMAN OF ASSEMBLY SELECT COMMITTEE ON CHILD ABUSE, ACCOMPANIED BY DOUGLAS BESHAROV, NEW YORK STATE ASSEMBLY SELECT COMMITTEE ON CHILD ABUSE

Justice **Lerner**. Senator Mondale, this is a unique experience for me to be testifying before a hearing. I have chaired as you are chairing now, a number of these hearings for the State of New York.

The State of New York might be considered a microcosm, if you will, of the rest of the country; we have our rural areas, small cities and towns, we have our large metropolitan areas and therefore get a rather distinct cross section of the problem of the battered child and the problem of abuse, probably the same type of experience throughout the State as you have gotten in your travels through the country.

At any rate, I have been asked by Speaker Duryea, who was unable to attend, to appear here today. I am presently a justice of the Supreme Court of New York. From 1969 until last year, I was chairman of the Select Committee on Child Abuse.

I would like to convey to your committee Speaker Duryea's thanks and to you personally, Senator, his appreciation for holding these hearings in our State.

Senator Mondale. I believe yours is probably the only select committee of its kind in the State legislatures throughout the country.

Justice **Lerner.** I believe it is.

Senator **Mondale.** Why don't you proceed with your statement and then, since you were here earlier, you might hit some of the points touched on which you think the committee should know.

Justice **Lerner.** Child abuse and maltreatment are a hurt to all our communities. The time is long overdue for specific Federal action. We applaud your efforts to focus national attention on these endangered children. We also acknowledge the presence of Senator Javits on your panel. Senator Javits' concern for the welfare and well-being of children is well known in the State of New York.

With your permission, I will take a few minutes to describe the work of the Select Committee on Child Abuse before I comment on the bill you are presently considering.

Assembly Speaker Perry B. Duryea appointed the Select Committee on Child Abuse in 1969 after the death of Roxanne Felumero brought the existing child protective system to the attention of the public and the New York State Legislature.

Under the leadership of Speaker Duryea, our committee continued its work long after child abuse left the front pages of public consciousness. These last 4 years have been productive ones for the committee.

In 1969, the committee was responding to the seeming breakdown in the investigation and adjudication of child abuse cases. At that time, the committee drafted and the legislature unanimously passed a new article 10 of the Family Court Act, which the popular press called the Children's Bill of Rights.

At that time, the committee found no centralized responsibility for the investigation of cases and the delivery of child protective services, inappropriate and cumbersome court procedures—and their tragic consequences. Therefore, a separate child abuse part was established in the family court for the expeditious and expert handling of child abuse cases, child abuse being what was formerly considered aggravated neglect.

Parental narcotic addiction was also included within the definition of child abuse because of the close connection between such addiction and serious or aggravated neglect of young children. In addition, the legislation improved reporting techniques.

In 1970 our committee proposed supplementary legislation which again passed both houses unanimously and was signed by the Governor. Essentially, the Family Court Act was amended to consolidate and coordinate child protective proceedings by combining the child neglect provisions of article 3 with the child abuse provisions of article 10. This was a recognition of the advantages of considering together abuse and neglect allegations.

In addition, the definitions of child abuse and neglect were modified, further procedures for the protection of children were added, and certain common law rules of evidence were altered to reflect the nature and requirements of child protective proceedings. The aim was to make the family court process of adjudication rational, efficient, and sound.

Both the Columbia Journal of Law and Social Problems and the University of Buffalo Law Review commented favorably on article 10. The Columbia article concluded:

> "New York's child abuse provisions are well designed to handle the practical problems which normally arise in such proceedings. The legislature's acknowledgement of sociological studies and the evidentiary problems facing the family court is to be commended. (7 Col. J. of L. and S.P. 51, 73 (1971).)"

We are, we believe, justifiably proud of article 10. Before its enactment, 20 to 30 children whose cases were pending before the family court died as a result of suspected child abuse each year. After 3 years of operation, article 10 has succeeded in reducing that number to three to five a year. This decrease occurred at the same time that the total number of reported child abuse fatalities increased by some 30 percent.

Since the enactment of article 10, our committee has concentrated on the child protective activities of nonjudicial agencies and the provision of rehabilitative services for abused children and their families.

I might add that the committee has been favored with the assistance and advice of many concerned professionals, foremost of whom is Dr. Vincent J. Fontana, medical director, New York Foundling Hospital, chief of pediatrics, Saint Vincent's Hospital, and chairman, New York City task force on child abuse and neglect.

From its investigation, our committee is convinced that the existing child protective system too often fails to protect the safety and well-being of children and that this failure has enormous consequences to the safety of our society.

This report which I am now presenting to your committee and the legislative proposals we have made this year seek to correct the most flagrant weaknesses we found in New York's child protection system.

The case of Joseph C. is typical in regard to the dreadful inadequacies we have found:

Early one January morning of 1971, the police received a call from the neighbors of Jane C. reporting that a cloud of steam was escaping from her apartment. The police found an open hot water faucet and the apartment flooded. They discovered, also, two children sleeping alone without any adult in the apartment. After shutting off the water, the policemen left, and the Department of Social Services report implies that the police did not examine the condition of the sleeping childen and did not report that they were left alone. The landlord came in to clean up the mess.

Five hours later Miss C. returned with a man and then called her mother to report that she was in trouble. Her mother and aunt found Joseph dead in the apartment, and as they were calling the police, Miss C. left in a taxicab. Joseph, 7 months old, had been dead of starvation for about 12 hours. His sister was suffering from dehydration and malnutrition.

The department of social services had an active public assistance case for Miss C. and her children at the time. She had been receiving public assistance on and off since early 1969, when she applied with the father of her children because he was unemployed. He later began receiving unemployment insurance and then found a job; the case was closed.

Six months later, Miss C. applied for herself and her children, reporting that the father, to whom she was not married, had left her, that he drank and abused her. Miss C. told the department of social services that she did not know where he was living, and the department of social services had not located him.

After Joseph died, the father reported that he left Miss C. because of her drinking and behavior, which apparently was promiscuous, and stated that he wanted to take the children from her.

A department of social services caseworker had seen clinic cards for the children in 1969 and 1970, before Joseph was born. The last contact the department of social services worker had with Miss C. was during a home visit 6 days before the child died. The record indicates that Joseph "appeared small and thin but the mother said he was a premature baby."

She told the worker that she took Joseph to a hospital clinic, and the worker accepted her explanation, apparently without verification. On the Department of Social Services record, she indicated no sign of neglect or abuse and that the children "seemed well cared for."

According to her family, Miss C. had been an alcoholic for the last 15 years, since she was 13, and had tried to abort Joseph, and may have tried to abort the other births. There is no indication in the record of any of the hospitals or clinics which attended Miss C. during her four pregnancies that they ever detected her alcoholism or questioned her ability to care for children.

The Department of Social Services indicates that Miss C.'s mother and aunt were aware at least as early as September 1970 that she was leaving her children alone, not taking care of them, and becoming increasingly disoriented through her drinking. The aunt reported attempting to contact a mental health station when she discovered the children alone but giving up when she got a "run around." These relatives told the Department of Social Services worker that they had not reported the mother's abandonment to the police or the Department of Social Services at that time because "a family finds it hard to report one's own."

The Department of Social Services placed Joseph's three surviving brothers and sisters with Miss C.'s mother and aunt. The placement was not formal and the matter was not referred to the family court.

According to the conventional wisdom, the failure of our institutions is caused by a dreadful lack of facilities, of social workers, of judges, of shelters, of probation workers, and of all sorts of rehabilitative social and psychiatric services.

Undoubtedly, if we poured more millions of dollars into existing programs, the picture would be less bleak. But our committee has become convinced that existing facilities and services, if properly utilized, could go a long way toward filling the need for service. In fact, we believe that, unless existing services are first put in order, additional sums of money could not be properly utilized.

Under existing programs, too many children suffer further injury and mistreatment after coming to the attention of the authorities.

Our hearings have disclosed that child abuse is carried from one generation to another, that today's abused children are the abusing parents of the future. Thus, unless the cycle is broken, there is a recurring and continuing family heritage of abuse.

Too many children progress further down the road of criminality after contact with the child protective system. If an abused child survives into adolescence, he will likely become an enemy of society as well as its victim. This vicious cycle must be broken.

The committee's hearings have also disclosed that the abuse of children, whether it be by parents or institutions, turns the abused child inward and toward aggression, violence, and criminalization. In today's era of increasing violence and rising crime rates, child maltreatment must be recognized as a major contributing factor. There is an urgent and largely unmet need to help and treat such children before they turn to violence and aggression.

The following are some of the major findings of the Select Committee:

Child abuse is much more prevalent than is revealed by current statistics; substantial numbers of children are being abused and maltreated without being brought to the attention of the appropriate authorities.

The reporting law requires simplification and clarification.

The statewide central register must be capable of receiving and responding to telephone reports of child abuse 24 hours a day, 7 days a week.

Fragmentation of child protective responsibility causes delays in service and sometimes leads to a dangerous lack of information necessary to protect children from further abuse and maltreatment.

Investigations as presently performed by child protective agencies inadequately determine the existence and severity of abuse.

There must be a highly trained and specialized staff to investigate all child protection cases.

A new legal officer, the "children's attorney," should be made responsible for the effective investigation and presentation of child protective cases in the family court.

Therefore, the Child Protective Services Act of 1973 establishes an improved State central registry of child abuse and maltreatment and requires reporting of all suspected child abuse cases by doctors, school officials, police, and other professional persons. It permits any citizen to report abuse cases to the registry and then requires State and local social services departments to investigate and make findings on each report to the registry. Photographs are required to be taken of battered and abused children a the time of injury for later use in resultant court action.

It makes persons required to report civilly liable in damages for failing to so report and makes them guilty of a class A misdemeanor for willfully failing to report.

It requires that the central registry be manned on a round-the-clock basis.

It permits persons such as a parent or guardian who is the subject of a finding on a report to have a fair hearing before the State department of social services to have the report amended or expunged.

It directs every local department of social services to establish a child protective service.

It requires each local department to submit yearly a local plan for child protective services.

With the expected passage of the Child Protective Services Act, we believe we will have gone as far as any State can go legislatively. However, as I said earlier, there is an urgent need for specific Federal action.

As we understand it, your bill would do three things: (1) establish a national study commission on child abuse; (2) establish a national clearinghouse on child abuse research and education; and (3) provide funds for demonstration educational and treatment programs.

There is no doubt that the establishment of a national clearinghouse of child abuse information is absolutely essential if we are to learn from the experience of our sister States. The efficiencies of operation of such a national center go without saying.

We also think that the explicit provision for demonstration projects is a useful addition to the law. However, we note that the present statutory authorizations, while appearing to cover the same types of programs, have not been administered in such a way as to encourage innovation and experimentation. The difficulty that was encountered in funding the child abuse project at the New York Foundling Hospital is an example in point.

Finally, we believe that the creation of a national commission on child abuse is not now necessary. As your own hearings have demonstarted, there are already many highly motivated and highly qualified professionals working to find the answers to the difficult problems of child abuse and maltreatment. Drs. Helfer and Kempe in Denver, Dr. Fontana here in New York, and many others exemplify the diverse approaches and progress being made by the medical, psychiatric, and social work professions. What we need now is a period of treatment and service.

The provision in your bill for demonstration projects will help. But demonstration projects cannot hope to help any more than a small number of the child abuse cases now confronting our Nation. The need is for ongoing operational funding. But do not misunderstand me. As a former legislator, I know that this is the point at which the witness makes a "pitch" for more funds, more staff, and more services. And, of course, we do need to invest more money and effort into the protection and well-being of our children. But, as I said earlier, before more money is allocated, "the house must be put in order."

We believe forceful action can be taken at the national level to encourage the development of effective and efficient child protective systems. Since the mid-1960's almost three-quarters of all money spent on child protective services by the States has come from the Federal Government through titles 4 and 16 of the Social Security Act. This suggests to us that the Federal Government should impose some standards on how such funds are spent by the States.

Although we believe New York, after passage of the Child Protective Services Act, would be in compliance with any Federal standards that might be imposed, we believe such standards would be useful here as well as in States that do not have as complete a system. They would provide a yardstick for our own services which also allowing us to compare our programs to those of other States.

I do, however, wish to raise one aspect of funding for the consideration of this committee. In the past, Federal child protective funds have come to the States as part of the open-ended social services appropriations made by the Congress. However, the recent imposition of a ceiling on such funds has placed severe pressure on child abuse treatment programs.

We recommend that you consider segregating out the child protective funds from the total social services appropriation. We are not at this time advocating that the Federal Government write a blank check for child abuse programs, but it is important that the funding for such programs not have to compete with funding for other less urgent social services programs.

In closing, let me again thank you for inviting us to share with you our findings and recommendations. Speaker Duryea and the select committee stand ready to provide whatever further information and assistance you might find helpful.

The formation of this committee was as a direct response to newspaper reports of a tragic incident that occurred in 1969 involving a little girl named Roxanne Fellamero, who was killed in a particularly gruesome fashion by her stepfather. At that time, a Daily News reporter named Bill Federici wrote a series of articles addressed to the *Fellamero* case as well as to the entire problem of child abuse. The New York Times and the Long Island Daily Press also wrote extensive articles over a period of time regarding the *Fellamero* case and the broad area of child abuse and neglect.

This committee was formed by Speaker Duryea as a direct response to these articles, and I think it is an excellent argument for the freedom which our press has been fighting to preserve in this country. In some quarters they are under attack, but I think they have never done a more outstanding job in pointing out some of the problems we are now discussing than they have done in this State.

We have had, I think, some outstanding success. The bill that I introduced and cosponsored with Speaker Duryea in connection with the Family Court Act addressed itself to certain problems and procedures in the family court. At that time there were 20 to 30 fatalities each year; these were kids being processed through the family court; the family court knew about the problem, and yet there were 20 or 30 deaths each year.

As a result of the new act we adopted, it is down from 20 to 30 to 3 to 5. Of course, that is still too many, but nevertheless it indicates some minimum of 60 kids are alive in New York State today as a result of that act and as a result of the attention focused on this problem by the press. That is at a time when total reported fatalities are up 30 percent.

One of the interesting phenomena in child abuse—I suppose you have seen it; it is one of the most frustrating phenomena—that is, the more successful you are in this field, the larger the number of child abuse cases which come to your attention; so it would appear that child abuse is increasing by leaps and bounds.

Actually what is happening is that as we make the reporting facilities better—and we certainly should; we have the use of computers and we haven't had that in the past, and I think that, while we must be cognizant of certain civil liberties questions that exist, computers should be used. We use it now in the State government very effectively, and, as I indicated to you, there are certain civil liberties questions that have been articulated, and, if those questions can be resolved——

Senator **Mondale.** What legislation did you adopt? What did it provide?

Justice **Lerner.** We, for example, made a special child abuse section in the family court so these cases could be handled with dispatch. Prior to that, child abuse cases were handled along with child support cases and other problems that existed.

Senator **Mondale.** You separated it out?

Justice **Lerner.** Yes, and gave it a priority, gave a priority to appellate practice that might result from child abuse cases, gave a priority to the serving of summons in these cases.

Senator **Mondale.** What other provisions, if any, were included in the bill? I am not familiar with the bill adopted.

Justice **Lerner.** I'll tell you what. We have a rather large report, which I will leave with you.

Senator **Mondale.** I will read it tonight.

Justice **Lerner.** Sometime on your trips between here and Minnesota.

Senator **Mondale.** I think it will have to be between here and Hawaii.

Justice **Lerner.** As I indicated to you before, one of the most important things I think we can do and are doing in this State is to make it feasible for someone who encounters a suspected child abuse case to be able to get some input from a computer, either from a telephone or through a telegram.

I believe that you, federally, should be able to do something in this area because it does us no good if someone comes here from the State of New Jersey or the State of California with a child abuse background. That would not appear in our computer until the first incident occurred in New York State. By then, it might be too late.

As I told you before, there are certain people who feel this information is confidential, that it infringes on a person's civil rights and civil liberties, and those are certainly some of the questions we have to address ourselves to very seriously. I think they are being resolved; and, once having met that problem, you can make great advances in this area. It requires a lot of study, something in the State we are not able to do. I think your committee should direct itself to this area.

Senator **Mondale.** I gather that the bill that was adopted establishes a central registry of child abuse, it requires reporting of all suspected child abuse cases by doctors, school officials, police, and professionals.

Justice **Lerner.** Sometimes that works, not all the time.

Senator **Mondale.** What is your impression of how well it works?

Justice **Lerner.** It probably works more efficiently depending on the income bracket. A middle-class parent that abuses a child who takes the child to a typical middle-class doctor might be able to avoid reporting of that incidence. A child taken to the clinic in this hospital, it is reported.

You can't take this issue of child abuse and separate it out from the other problems we have in the metropolitan areas. You can't cure child abuse unless you cure poverty. You won't eliminate poverty unless you deal with the problem of alcoholism and drug abuse. This problem of child abuse does not hang in there by itself.

Senator **Mondale**. What we have heard is that child abuse is not just a poverty problem, that there are child abusers in the richest families, middle-class families, it runs through American society.

Justice **Lerner**. That is true, but it is unique in certain respects. The abused child of narcotics-addicted parents is a different child than an abused child of middle-class parents.

Senator **Mondale**. In other words, you are saying that people with problems like alcoholism and drug addiction may be more prone to be child abusers than people without these problems? Isn't it also that this child abuse is not just a case of alcoholism or a drug problem; it goes beyond that, that there are parents with neither problem who are still abusing their children?

Justice **Lerner**. There is no question about it. I think you have to understand you can't treat a child who is a victim of child abuse and return him to a home where the father is a hopeless alcoholic or the mother is on heroin. You have to deal with all these problems across the board if you want to make a substantial impact.

Senator **Mondale**. One of the things you recommended was a 24-hour, 7-day-a-week telephone central registry service. Do you have that in New York?

Justice **Lerner**. We are supposed to. Since I have been away from this for over a year now. I'll have to defer to Mr. Besharov. How is it working?

Mr. **Besharov**. We have one in New York City.

Senator **Mondale**. It is supposed to be statewide?

Mr. **Besharov**. The proposed bill that is presently pending will provide for one.

Senator **Mondale**. What do you have in the laws—just the reporting bill?

Justice **Lerner**. We don't have what I think is necessary—the computer with a telephone nearby. It appears to me to be a simple procedure. I am certain if a private corporation saw fit to do it, they could do it very quickly.

Senator **Mondale**. Thank you for your most useful contribution.

Our next witness is Barbara Blum, assistant administrator/commissioner, special services for children program, Human Resources Administration, city of New York.

STATEMENT OF BARBARA B. BLUM, ASSISTANT ADMINISTRATOR/COMMISSIONER, SPECIAL SERVICES FOR CHILDREN PROGRAM, HUMAN RESOURCES ADMINISTRATION, CITY OF NEW YORK

Mrs. **Blum**. Thank you. First, I wish to express my appreciation to the chairman and members of this subcommittee for inviting me to appear before you today to talk about a subject of vital concern to us all.

In the city of New York, the special services for children program of the Human Resources Administration has been delegated primary responsibility for investigation and provision of child protective services with respect to cases involving alleged child abuse and neglect.

As assistant administrator/commissioner of the special services for children program and as director of the New York City Interagency Council on Child Welfare, this provides an excellent opportunity to reflect upon the New York experience in the delivery of protective services to children and their parents.

We welcome the active interest and involvement on the part of the Subcommittee on Children and Youth and, from the outset, express our view that there can be no greater national priority than an investment in and commitment to insuring a future for all our Nation's children.

New York State legislative provisions: Basic to the effective delivery of child protective service is the need for a firm, clear statement of legislative intent and commitment. As you are aware, the Children's Bureau of the Department of Health, Education, and Welfare, in 1963 took the initiative in developing principles and suggested model language for legislation on reporting of the physically abused child. Within a year, the New York State Legislature enacted a mandatory reporting law based in large part upon the HEW guidelines.

Subsequent to 1964, there have been several amendments to and revisions of existing legislation, changes based upon our increased experiences in dealing with child maltreatment and the knowledgeable contribution from professionals and agencies engaged in providing services.

The process of improving legislative provisions must be ongoing. I shall be testifying in Albany later this week in regard to a comprehensive bill which provides for strengthening both the New York State Family Court Act and the Social Service law.

It might be helpful here to look at some of the components of New York State law which may well be the most comprehensive in the Nation and which provide a solid legislative foundation for protective service intervention.

1. Mandated reporters: New York State law mandates that a broad group of professionals be required to report instances of suspected abuse and maltreatment. While some States limit mandated reporting to a few professional groups, we require reports from doctors and various other medical personnel, social service workers, school personnel, day care center administrators, and peace officers. Legislation now pending would expand the reporting mandate to all child care workers and mental health professionals.

Expansion and broadening of reporting mandates has, in our experience, had tremendous and immediate impact resulting in marked reporting increases by the new groups involved. I have appended a graphic demonstration of the effect of the recently enacted expansion of the reporting mandate to peace officers.

Prior to the mandate to report in January and February 1972, peace officers accounted for the report of 45 maltreated children. For the January–February period in 1973, following expansion of the reporting mandate, peace officers initiated reports involving 377 children.

2. Definition of reportable situations: New York State has adopted broad criteria for reporting, requiring reports not only of abuse but also involving physical and emotional neglect and maltreatment. Many States require only reports of physical abuse.

In New York City, since 1964, we have accepted all reports of suspected child maltreatment regardless of referral source or the nature of the maltreatment. Reports are fully investigated whether initiated by a doctor or a caller wishing to remain anonymous.

We feel that the establishment of broad criteria for case acceptance is crucial to the provision of preventive and protective services. Early identification and intervention may be crucial and, in some instances, lifesaving.

In our view, the dynamics in abuse and neglect are often quite separate and distinct. Our experience has demonstrated time and again that neglect situations may often be far more serious and attempts at rehabilitation of the parents more difficult.

In recognition of this, Special Services for Children has established its priorities not on the basis of whether the case is one of neglect or abuse but on the nature of the suspicions, not on how the case is classified but on the seriousness of the individual case situation. We note further that there are no differences in case assignment, case investigation, services, or dispositional options which relate to case classification.

3. Emergency removal and protective custody: State law provides for emergency custody of children in situations where there is serious and imminent danger to the health and welfare of children. This authority to retain protective csutody is extended not only to physicians but also to designated child protective service workers. Protective custody must be followed by family court petition.

4. Reports to Social Service Agency: New York State law provides that all reports be forwarded to the appropriate social service official who shall have responsibility for investigation.

In the city of New York, all reports of child maltreatment reported to the central registry are assigned for investigation to child welfare specialists. Approximately 200 casework, supervisory, and administrative staff are assigned exclusively to child protective services, and there is need to attract and recruit additional staff to meet rising caseload demands.

As you may be aware, the White House Conference on Children, in the 1970 report to the President, recommended that State legislatures adopt broad-based, enforceable, comprehensive child abuse codes prohibiting all forms of physical and emotional mistreatment of children.

I have developed a few of the legal aspects in some detail based upon our conviction that the legislative proposal before us, S. 1191, can be significantly strengthened by establishing nationwide minimum standards and criteria for State legislation. Legislation varies quite markedly from State to State with respect to reporting mandates, reporting definitions, and agency authority and responsibility, et cetera. Many States limit the reporting mandate to medical professionals, and most States require reports of abuse only and not other forms of neglect or maltreatment.

While we are not in support of a standardized or uniform Federal law, we do feel that the Federal Government can take a leadership role in establishing minimum standards. Clearly the 1963 HEW legislative guideline, while serving a useful purpose in its time, has only limited relevance to the situation today.

We wish to note that H.R. 5914, introduced by Representative Mario Biaggi of New York, does include a requirement for minimum State legislative standards.

PREVALENCE OF CHILD ABUSE AND NEGLECT IN NEW YORK CITY

In the relatively short span of 9 years following the enactment of mandatory reporting laws in 1964, there has been a dramatic annual increase in the number of children reported to the New York City Central Registry as allegedly abused or neglected.

During the first full reporting year, 1964–65, a total of 274 children were reported as compared to 10,457 children for calendar year 1972. For the first 2 months of this year, over 2,500 children have been the subject of alleged maltreatment reports, a total which, if projected for the year 1973, will involve well over 15,000 children.

I would stress that these figures relate to the five counties of New York City alone and that, despite our efforts to encourage full reporting, many cases go unreported. Actual prevalence may be significantly higher.

I did not come here today prepared to present the shocking details of typical case situations. Newspaper accounts and medical examiner reports amply demonstrate the nature of this phenomena. Suffice it to say that we in New York City have witnessed the full range of man's inhumanity to children, from minor instances of child abuse and neglect to very serious and overwhelming maltreatment sometimes resulting in fatality.

Tragically, 58 children in New York City last year suffered fatalities attributable to suspected parental maltreatment—over one child per week—and here again, the actual prevalence may be significantly higher in that we know cases go unreported.

Causes of death include (1) the physical battering of children who are literally beaten to death, (2) suffocation and asphyxiation by hanging and plastic bags, (3) falls from heights—downstairs and out of windows, (4) shootings, stabbings, et cetera, (5) children burned to death in fires or scalding bathtubs. One child was totally abandoned and found in a decomposed state to the extent that sex could not be determined. Perhaps the saddest fact is that close to one-half of the reported fatalities involve children who had not yet and will never celebrate a first birthday.

A particularly pressing problem here in New York City relates to parental drug addiction as a high risk factor with respect to potential for child abuse and neglect. We estimate that as many as 1,500 New York City children are born drug addicted, born to addicted mothers, infants who, in the first days of life, experience the tremors and pains of drug withdrawal. Thousands of older children live in homes where one or both parents are addicted to drugs.

In our view, annual reporting increases, at least in part, can be attributed to (1) broadening legislative definitions of reportable cases, (2) legislative expansion of professional groups mandated to report, (3) agency and mass media efforts to increase professional and public awareness, (4) weakening of public reluctance and resistance to becoming involved, and (5) increased professional and public awareness and sensitivity in identifying cases. Special Services for Children has always tried to encourage the fullest reporting.

As an addendum to this testimony, I have included data which will statistically reflect annual trends with regard to reporting of cases to the New York City Central Registry. Also attached is data reflecting reporting sources for 1972 and the first 2 months of 1973.

[The 4-page addendum referred to follows:]

CHILDREN REPORTED TO CENTRAL REGISTRY

BY PEACE OFFICERS

(POLICE AND FAMILY COURT PROBATION OFFICERS)

REPORTING SOURCE	Prior to Reporting Mandate		Post Reporting Mandat	
	Jan 1972 -	Feb. 1972	Jan 1973 -	Feb 1973
POLICE AND FAMILY COURT COMBINED	20	25	170	207

REPORTS TO CENTRAL REGISTRY

BY REPORTING SOURCE

1972

SOURCE	ABUSED CHILDREN	NEGLECT CHILDREN	COMBINED
MUNICIPAL HOSPITAL	867	481	1348
VOLUNTARY HOSPITAL	846	479	1325
PHYSICIAN - PVT.	4	5	9
SCHOOLS	373	890	1263
DEPT. OF SOC. SERV.(WELF)	85	728	813
CHILD WELFARE	45	144	189
POLICE	92	222	314
FAMILY COURT	72	269	341
SPCC	104	423	507
PUBLIC & PRIVATE AGENCIES	180	410	590
MEDICAL EXAMINER	19	3	22
WELFARE INSPECTOR GENERAL	23	258	281
ANONYMOUS & NON-MANDATED		3435	3435

CENTRAL REGISTRY REPORTS

MONTH / YEAR	REPORTS OF ALLEGEDLY ABUSED CHILDREN	REPORTS OF ALLEGEDLY NEG. CHILDREN	COMBINED TOTAL
1966	416		
1967	706		
1968	956		
1969	1,823		
1970	2,594		
1971	2,591	3,106*	5,697
1972	2,710	7,747	10,457
JAN 1973	(271)	(996)	(1,271)
FEB 1973	(236)	(1018)	(1,254)
PROJECTION 1973	3,042	12,084	15,126

*From February 1971 and does not include reports from non-mandated sources which are included in 1972 and 1973 figures.

REPORTS TO CENTRAL REGISTRY

BY REPORTING SOURCE

JAN - FEB 1973

SOURCE	ABUSED CHILDREN	NEGLECTED CHILDREN	COMBINED
MUNICIPAL HOSPITAL	156	107	263
VOLUNTARY HOSPITAL	113	96	209
PHYSICIAN - PVT	1		1
SCHOOLS	80	262	342
DEPT. OF SOC. SERV. (WELF)	20	249	269
CHILD WELFARE	6	50	56
POLICE	38	147	185
FAMILY COURT	14	188	202
SPCC	37	71	108
PUBLIC & PVT. AGENCIES	35	100	135
MEDICAL EXAMINER	5		5
WELFARE INSPECTOR GENERAL	2	21	23
ANONYMOUS & NON-MANDATED		724	724

THE CENTRAL REGISTRY

Mrs. **Blum**. The proposed bill S. 1191 would establish a national registry of all accidents to persons under the age of 18 but does not present justification or elaborate on need for the registry or how the data compiled will be used. While we would need to examine further the purposes of a national trauma registry, we would like to share with you our experience in the development of a local central registry.

In the city of New York, all reports of child abuse and neglect are channeled through the central registry. This registry program is staffed by specially trained caseworkers who function in shifts on an around-the-clock basis, 24 hours per day, every day of the year. There is a single citywide telephone number, 431-4680, that we have widely publicized, to report maltreatment cases.

Incoming referrals are rapidly transmitted by an innovative telecopier communications system to the appropriate local office where cases are assigned for emergency investigation and provision of rehabilitative services.

Recently, we have established a sophisticated computerized child abuse and neglect information system—CANIS—which has the capacity not only for storage of basic identifying data regarding every reported case but also includes information relating to demographics, type of maltreatment, types of services delivered, dispositional data, et cetera. Information included in the registry can also be made available on an around-the-clock basis to any authorized person for aid in diagnostic assessment, evaluation, and planning in emergency situations.

The child abuse and neglect information system, although fully operational, is not yet completely up to date with regard to all reported cases. The process of refining and improving the system is still under way. To our knowledge, CANIS is the only local operational computerized registry in the Nation. Once the system is refined, we feel that this comprehensive registry program can serve as a model for replication in other States.

In the long term, we plan to combine the child abuse and neglect information system with a more comprehensive child welfare information system—CWIS—which is in its early developmental stage. I have brought with me today descriptive information regarding both CANIS and CWIS, copies of which I will leave with you for your review.

Need for interagency effort: The experience of the public agency in the delivery of child protective service clearly demonstrates the need for an intensive interagency effort involving professional staff on all levels and of many disciplines—legal, medical, psychiatric, social work, et cetera.

In May of 1968, the mayor of New York appointed a special task force on child abuse and neglect to thoroughly examine and evaluate the effectiveness of services. That task force, comprised of noted professionals, including doctors, lawyers, judges, social workers, school officials, et cetera, and under the able chairmanship of Dr. Vincent Fontana, completed an exhaustive research report on the existing services and problems and made specific recommendations as to how the delivery of child protective services could be improved.

I have with me today several copies of the task force report as well as reports on the progress made in implementing the recommendations. Despite completion of the final report, the task force continues to meet regularly and has played an active role in the ongoing development of services.

In addition, the New York City Interagency Council on Child Welfare, whose members include representatives from New York City agencies serving children, has also been involved with the problem of child abuse and neglect.

The public and private agencies involved with the delivery of services are far too numerous to mention. Particular reference must be made to the local societies for the prevention of cruelty to children, who have a long history of providing services in this area and with whom we have developed close and cooperative ties.

In our view, the child protective service caseworker is the most valuable resource we have in the effort to protect children. These highly dedicated and committed caseworkers face daily the horrors and frustrations, the pressures, challenges, and responsibilities of work on child protective service cases.

These frontline workers must deal often with highly resistant often hostile parents who haven't voluntarily requested help. These workers go out every day into communities where the risks of physical danger, crime, and delinquency are high, "where others fear to tread." Protective services workers deserve our every support, on a State and local level, as well as Federal.

All the resources we can possibly marshal should be available not only for our workers but, more importantly, for the children and parents they serve.

Need for true preventive services: I have attempted above to give an overview of the New York City experience with an approach to the problem of child abuse and neglect. I have briefly described a legislative framework that establishes an adequate foundation for the provision of basic investigation and services. I have talked about a determined interagency effort mobilized to provide effective rehabilitative services. I have mentioned that we have a large staff of trained workers who have specific expertise in the delivery of services.

Nonetheless, we do not wish to create the impression that we have found the solution to the problem or even that we are close to winning the battle in the fight to protect children. Clearly, we have come a long way since 1874, when the Society for the Prevention of Cruelty to Animals in New York City intervened on behalf of "Mary Ellen" on the basis that this young abused child was at least entitled to legal protections against brutality afforded members of the animal kingdom.

We have learned from our tragic experiences in the *Roxanne Fellamero* and *Gloria Limardo* cases, in which the lives of children were lost despite the prior involvement of a variety of court and social agencies. We have much to learn and no doubt will never be able to rest with the comfort that we have done all that needs to be done.

I would like to stress to the members of the subcommittee the fact that the child protective services are mainly reactive; that is, the service is mobilized in response to an already existing situation involving abuse and neglect of children. In many of these situations, intervention has come too late.

In this city, 28,000 children are in foster care, group and residential placements, away from their own home, at a financial cost in excess of $174 million per year. The human cost in terms of trauma and hurt to the children is even greater. Surely, there must be a better way.

The child protective service is provided with State and Federal reimbursement. Similarly, we are reimbursed by the Federal and State Governments to provide the supportive social services necessary to maintain a child in foster placement.

It is a sad commentary that there is such limited Federal investment in or reimbursement to States and localities for the provision of truly preventive services. If we are ever to make progress in combating child abuse and neglect, we must develop a system of early identification which recognizes the factors indicative of possible breakdown in the parent-child relationship.

We must provide for early intervention before the children are seriously injured, maimed, or killed. We must break the cycle of maltreatment by a determined effort to concentrate the delivery of services and resources before there is serious manifestation of symptomatology. This is where the funds must be provided and have not to this point been made available.

The subcommittee should also be aware that limited eligibility for services and proposed cutbacks in such areas as day care will have serious effect with respect to the availability of concrete resources needed to prevent neglect and abuse.

S. 1191: We have carefully reviewed and considered the provisions of the Child Abuse Prevention Act, S. 1191. We wholeheartedly endorse the establishment of the National Center of Child Abuse and Neglect. Child maltreatment cuts across State lines and is indeed a problem of national concern warranting national attention and action. We see the establishment of the national center as a dramatic first step in the recognition of child buse and neglect as national priority.

The need to gather data and conduct research is self-evident. The proposal for communicating nationwide experiences and publicizing successful public and private treatment and rehabilitative approaches is vital to all of us who deal every day with the problem. It is important for us in New York City to know a great deal more about Dr. Kempe's lay surrogate mother approach in Denver, the Parents Anonymous approach in California, and the Parent Center approach in Boston.

Similarly, we think that involved professionals in other parts of the country should know about the design of our registry system, the residential treatment program for mothers and children at the New York Foundling Hospital, and the research conducted by Dr. Arthur Green at the Downstate Medical Center in Brooklyn.

We are strongly enthusiastic about the proposal that would establish a demonstration program for the prevention, identification and treatment of child abuse and neglect. Funding to develop specialized training and education programs for staff of all disciplines is sorely needed.

The subcommittee should be aware that scholarship programs enabling us to send our staff for advanced formal training in accredited social work schools have been virtually eliminated due to Federal funding cutbacks.

There is a great need for funding of projects designed to prevent child maltreatment. We would like to be able to expand programs that have proved successful as well as replicate programs that have been tried successfully elsewhere. We have a real desire to develop and try new approaches that we feel will be helpful and instrumental in dealing effectively with the problem. We are quite pleased that your proposal would insure funds for this purpose.

We enthusiastically support the establishment of a National Commission on Child Abuse and Neglect with 15 members to be appointed by the President. We have stated earlier that the problem is of national scope. We have also stated that there can be no greater national priority.

We began by expressing our pleasure regarding the interest and concern of this subcommittee. We hope that this testimony and the additional material I have shared with you will be helpful to you in your efforts. Please be assured of our continued interest in and support for this important legislation. If we can be of further help, please do not hesitate to call on us. Thank you again for giving me that opportunity to appear before you today.

[End of prepared testimony; beginning of verbal remarks.]

I would like just briefly to summarize the structure which exists here in New York City, to relate how that structure works with existing legislative mandates, the problems that we have observed, and then perhaps to indicate to you where we think assistance can be most helpful.

In New York City, there is a program called special services for children. That program has responsibility for intervening in all cases where families are at risk, where there is a chance children will have to be removed from families, where a breakup is imminent. The scope of that program, I think, is important for you to know. We see each year approximately 24,000 new cases; in about 12,000 of those cases, children must be placed in foster care; that means the situation is very severe.

Our budget is in the neighborhood of one-quarter of $1 billion. Within our responsibilities, we accept all reports of neglect and abuse in our protective services units.

We have set up here in New York City one central phone number to receive all reports. Those reports are transmitted by telecopier to our borough offices, where protective services workers intervene and investigate each case within 24 hours.

We also have set up in New York City a central registry; we call it the child abuse and neglect information system. It is known by our workers as CANIS. That system at the present time has the capability of registering all basic case information so, if a report comes in, we can check whether earlier there had been another incident. It now has the capability of reporting out to me those geographic areas where the incidents are highest. From the planning point of view, that is important to know in our urban areas. Also it enables us to know short trends by reporting. We can begin to analyze whether most reports are coming from physicians, teachers, and so on.

Senator MONDALE. Who are the major reporting sources?

Mrs. **Blum**. The municipal and voluntary hospitals. The reports from the public schools are increasing rapidly, as are reports from police officers and peace officers.

Senator **Mondale**. Do you have any idea how much unreported child abuse occurs in New York City?

Mrs. **Blum**. We have very little in the way of measuring that, but I think you will get a clue when I tell you of the number and volume of reports and changes occurring over a period of a few years. I think the efforts in the city to stimulate reports and the major efforts occurring in the State legislature and particularly around the select committee have generated really quite a fantastic increase in the volume of reports.

The State legislation defines very broadly those kinds of cases which can be reported. It also has broadened the mandated sources so that many, many people are now mandated to report to us when neglect or abuse is suspected.

The outcome of that legislation and our own efforts has been that since 1964, when reports numbered 274, we have reached a point in 1972 when reports here in New York City number 10,457. Our reports this year are running at such a volume that I think we will have more than 15,000 reports here in New York City.

Senator **Mondale**. This is New York City?

Mrs. **Blum**. New York City, in the five counties.

Senator **Mondale**. 15,000 cases of child abuse. Are these established or alleged cases?

Mrs. **Blum**. These are reports. We discover when we intervene, when we investigate the reports, that better than 90 percent of the families can and do need services. While we may not always establish neglect within the definition in the law, I think this a very important aspect of our intervention.

Senator **Mondale**. Do you have any estimate of how many children died last year?

Mrs. **Blum**. We had 58 deaths last year.

Senator **Mondale**. Fifty-eight children died in New York City of child abuse?

Mrs. **Blum**. Yes.

Senator **Mondale**. Do you think that was a full count, or are there more?

Mrs. **Blum**. I think that is a full count. We work closely with the medical examiner here, and my own staff examined carefully those cases known to the medical examiner.

Basically the problem we are identifying are the need for resources to insure our continuing ability to intervene whenever we receive reports. That increase in volume has been so enormous that our staff at this point is really in a state of crisis despite the fact that the numbers of staff have been double over the past 2 years.

Senator **Mondale**. That is just under the child abuse effort?

Mrs. **Blum**. Yes.

Senator **Mondale**. Are you in charge of that?

Mrs. **Blum**. Yes.

Senator **Mondale**. What is your annual budget?

Mrs. **Blum.** For just child abuse and neglect within the total budget I would estimate to be between $4 and $5 million.

Senator **Mondale.** Where do you get that money?

Mrs. **Blum.** Fifty percent by city; 50 percent by State; and, to the degree title IV funding is available, that can pick up 75 percent.

Senator **Mondale.** That is IV–A?

Mrs. **Blum.** Yes.

Senator **Mondale.** How much IV–A money do you get?

Mrs. **Blum.** That is difficult for me to calculate because New York City's share of IV–A was consumed by October of this past year.

Senator **Mondale.** Could you provide for the record approximately how much?

Mrs. **Blum.** Yes; we can estimate for you the title IV–A money that came in.

Senator **Mondale.** Isn't there IV–B money for child protection?

Mrs. **Blum.** That has been very limited and I think used primarily for State purposes.

Senator **Mondale.** There is none in your program?

Mrs. **Blum.** No; I do want to stress this, because I think when the staff work in my agency comes to public attention, it tends to be around a tragic episode and there is seldom the mention of the thousands and thousands of cases that are well handled by very hard-working and very capable staff. I want to be certain that our efforts are not diluted and that resources continue to flow in so we can maintain a quality service.

Senator **Mondale.** Have you used volunteers, lay service, and sought to encourage the establishment of Parents Anonymous groups? In other words, have you tried to extend your resources through voluntary groups?

Mrs. **Blum.** We have worked closely with a number of agencies, not primarily volunteers. I think we have to be very aware of the character of New York City. While poor people are treated in the Denver program, I think the degree of poverty is perhaps not similar and some of the individuals with whom we are working are under greater stress and strain because of the situations under which they live and the experience of their own childhood.

Senator **Mondale.** Do you have any volunteers involved?

Mrs. **Blum.** I am not aware of a volunteer effort.

Senator **Mondale.** There is no program to encourage volunteers?

Mrs. **Blum.** We have worked with Judge Bacon around her initial project. I think you heard the outcome there from Dr. Schwob.

Senator **Mondale.** Would you concur in that?

Mrs. **Blum.** I think it has not been successful. I think again we have to look at the character of New York City and its residents in order to design appropriate programs.

Senator **Mondale.** Are you perhaps that different?

Mrs. **Blum.** I think we are very different.

Senator **Mondale.** Explain that.

Mrs. **Blum.** I think we have a greater degree of transient population than any other city.

Senator **Mondale.** In this area, they said they had a 10-percent turnover.

Mrs. **Blum**. Which area?

Senator **Mondale**. What would you call it?

Dr. **Schwob**. Our area here.

Mrs. **Blum**. I think we should look at Brownsville, the Bronx, Harlem; I think we can show those are the areas from which the most reports come; there is great transience, services do not exist, and we are trying to get them in.

One program that was funded with the assistance of the Federal Government has been a residence where mothers and children can come for a period of time. The program provides for followup so the parents don't go back to the same poor housing and lack of services they came from.

Senator **Mondale**. Is that under your authority?

Mrs. **Blum**. Yes.

Senator **Mondale**. How big a program?

Mrs. **Blum**. It serves 12 mothers and children.

Senator **Mondale**. It is very small?

Mrs. **Blum**. Yes; I think in New York we need hundreds of such programs.

Senator **Mondale**. How much would an adequate program to deal with child abuse, in your opinion, cost in the city of New York?

Mrs. **Blum**. In my own opinion, I think that we probably should have, at a minimum to begin with, $5 million more and that we probably could consume $10 million.

Senator **Mondale**. In addition?

Mrs. **Blum**. Yes.

Senator **Mondale**. You are talking about $10 million rather than the present $5 million? Could you do it with that?

Mrs. **Blum**. No; I think it takes time to phase in the programs, so I think you would need $10 million, which would be a $15 million total.

Senator **Mondale**. What would you do on the prevention side? I think basically what is happening in New York to the extent there is a program, you spot children who have been abused, you work with that child, you decide what to do with him and his family and so on, but there is very little at this point that is being done anywhere, for that matter, on the question of trying to prevent abuse in the first instance.

Does your estimate of $15 million include a program for trying to identify abuse-prone families and trying to prevent it and so on?

Mrs. **Blum**. I was about to move right into that subject. As an administrator, I find it very ironic that I have an open-ended budget, in effect, for foster care, which means children can be placed at very great expense, but there are very rigid limitations on the eligibility of families for preventive service and, as a result, there is a real lack of preventive services. I feel there are a number of things we should consider.

I mentioned last year we had 10,000 reports in New York City. We have 2.5 million children, so one out of every 250 children was reported abused. Last year we had more than 1,400 reports between the ages of zero and 1. The total population between zero and 1 was then 130,000, so that we were getting one out of 100 of our infants reported to our central registry.

That indicates to me a major thrust could be made by intervening really at birth in a healthful and positive way if we could marshal the kind of preventive program that would examine and evaluate the family situation at birth, in the hospital, when we have children and families there and they are accessible.

If we could have the followup and outreach after birth, my guess is, if we could mount a preventive program, it would have a significant impact on our system. That is the sort of approach I think we really must examine.

I also feel we would be unrealistic to think this is going to be a cheap program to mount. I think it is time to consider a human services industry, an industry that helps people, provides employment to professionals, which, in effect, will benefit our economy, and perhaps we should stop always looking at the total dollar amount in human services as we do and then backing away from a very important service.

But my recommendation would be clearly that your bill include whatever it can toward the funding of preventive services. I know that is the thrust you have in that bill, and we welcome it.

Senator MONDALE. Does any of your money go toward support of the Roosevelt Hospital effort?

Mrs. BLUM. Not to my knowledge. I think that it may be medicaid funded. All our children are medicaid eligible, the children under special care programs. I think we need more title IV–A money. I think the title IV–B money is a resource that could be helpful.

Senator MONDALE. HEW recently reported new regulations for child health care standards. I think those regulations would set limitations on the programs you propose.

Mrs. BLUM. Yes.

Senator MONDALE. Would you elaborate?

Mrs. BLUM. In the past the limitations were there—that is, that only families who are potential or actual or former recipients of public assistance could be eligible for certain kinds of preventive services and certain kinds of public assistance.

Now we see a tightening of those regulations, so a former recipient is one defined as one receiving assistance within the last 3 months; a potential recipient is defined as one who might receive assistance in 6 months instead of 5 years. It is counterproductive; we will spend much more on placement of youngsters, on provision for protective service, than preventive services which would be beneficial to families.

Senator MONDALE. Are your programs in protecting against child abuse—is that basically families eligible for medicaid?

Mrs. BLUM. Yes.

Senator MONDALE. Does it include middle-class and upper-income families?

Mrs. BLUM. Yes; we serve those as well as poor families. There is a provision with some of the services that those families must pay a fee on a sliding scale.

Senator MONDALE. Do you have many middle-class or upper-class families you serve?

Mrs. **Blum.** No; I think about 80 percent of our clients are public assistance recipients and, if one took in potential or former recipients, we would be above 90 percent.

Senator **Mondale.** Have you reviewed the Denver program?

Mrs. **Blum.** Yes; we are very familiar with it and worked with Dr. Helfer when he was here. We would like to see more comprehensive programs of that sort developed here. We have indicated, however, that we are in a different kind of setting than in Denver.

Senator **Mondale.** Would you go into that again?

Mrs. **Blum.** In Denver, I think we have a well-developed program that can relate to certain kinds of individuals and that we need to look at how we can adapt that program to serve our populations here. In my warning about not just patterning after one program must be included the fact that we have got to have a variety of programs in New York City. The population of East New York is very different from south Bronx, which is very different from east Harlem. We should consider the make-up of the families living in those communities.

Senator **Mondale.** That leads you to the conclusion that volunteers and lay people are not appropriate or do not understand that?

Mrs. **Blum.** No; as an old volunteer, I believe very much in their involvement.

Senator **Mondale.** Why are they not encouraged?

Mrs. **Blum.** It will have to be encouraged at the community level if it is to succeed.

Senator **Mondale.** Are you encouraging it at the local or community level?

Mrs. **Blum.** I think at the present time we are not in a position to encourage it at a community level.

Senator **Mondale.** What do you mean?

Mrs. **Blum.** We are very extended at this point in time in terms of meeting just basic responsibilities, and we would really need to be strengthened in order to encourage that kind of effort, which I would very much support.

Senator **Mondale.** It seems one of the problems we have, as you know, we don't have enough money to go around, particularly with the present set of priorities. You who led the fight for the Child Development Act and saw it vetoed and fought for these other IV–A programs know this.

I see a serious rise in demand for money for at least 3½ years, and we have to find ways of trying to stretch the money if we can. I realize that is what you did, but particularly here where the abusing parents are reluctant to report what they know is a serious problem, they think they are going to jail, they think they will lose their children, there is a special validity, it seems to me, for some sort of volunteer-type structure where they can freely call without fear of getting into trouble and where they can talk with others who have been abusers.

We have seen this in youth emergency services where kids are afraid to go to police, afraid to go to their parents, afraid to go to teachers, but they will call these so-called "hot lines" because they think they might get some help from an informal, volunteer organization.

My impression is that in this area, in Los Angeles, which can't be all that much different from New York, in Denver—maybe it is higher, I know that—they have used volunteers and former child abusers very effectively and stretched their dollars, it seems to me. I know they have to work around a core of specialists, but isn't there more hope for that strategy here than we have seen?

Mrs. BLUM. Again I would restate the fact I think that can be developed at community level. For instance, I think, with the fine core program such as Roosevelt has, that volunteers can develop around it.

I would like to restate the fact I am not pleading so much for additional resources as for changes in priorities. I am asking to be allowed to intervene at earlier times with preventive services rather than at a later time with protective care and foster services which are inordinately expensive and which our system presently supports.

Finally, I would emphasize again the population we have, its stresses and character. When a parent doesn't have sufficient food or clothing for children, when a parent, himself or herself, has not had a family life, perhaps our population is different from Los Angeles. I think that we are in a somewhat different situation here. I wish it were not so.

Senator MONDALE. The Denver people are able to get quite a bit of private fundation money, which, I think, they use in flexible ways to do what I have talked about. Do you have private fundation money? Are you permitted to use it or receive it?

Mrs. BLUM. Yes, we have some to a certain extent. We have Astor Foundation money, we have law enforcement money for a very exciting project we have in New York City to systematize our services. You have a report that was submitted to you. We do stay close with the foundations here to assimilate money.

Senator MONDALE. This is an area where we are still learning and foundation money could be used nicely and effectively to help accelerate the process of learning and trying to develop new systems. As you know, since you have done this all your life, this area is especially sensitive since we are dealing with the family, how you touch it, its status, we are dealing with the fundamentals of America, and I would hope we could get the foundations more deeply involved. I think a good deal of the success in Denver has been from the broad support they have been able to attract.

Mrs. Blum, thank you very much for your testimony.

[Whereupon, at 11:45 a.m., the subcommittee adjourned, to reconvene at the call of the Chair.]

APPENDICES

APPENDIX I

MEDICAL AND LEGAL LITERATURE

Newsletter Supplement - February 1, 1972

COMMITTEE STATEMENT

Committee on Infant and Preschool Child
American Academy of Pediatrics

MALTREATMENT OF CHILDREN*
THE BATTERED CHILD SYNDROME

In February 1966, the Committee on Infant and Preschool Child published a statement concerning the status of the problem of the battered child.[1] The present Committee has reevaluated the statement in light of increased knowledge and increased experience over the past 6 years. The 1966 statement concerned itself primarily with two issues: (1) a historical review and definition of the battered child syndrome, and (2) discussion and recommendations concerning identification and protection of the abused child.

While a great deal of study and activity has taken place with regard to the problem of the battered child and there have been some positive results (e.g., every state in the union now has some form of reporting mechanism of the suspected or proven case of child abuse), the consensus of the Committee and its consultants is that the total problem has become magnified and is uncontrolled by present methods of management.

The Committee reaffirms and supports the following recommendations of the 1966 report:

1. Physicians should continue to be required to report suspected instances of child abuse immediately to the agency legally charged with the responsibility of investigating child abuse, preferably the county or state department of welfare or health or its local representatives, or to the nearest law enforcement agency.[2, 3]

2. The responsible agency must have ample personnel and resources to take action immediately on receipt of the report.[4]

3. Reported cases should be evaluated promptly, and appropriate service should be provided for the child and family.[5]

4. The child should be protected by the agency by continued hospitalization, supervision at home, or removal from home through family or juvenile court action.[5, 6]

5. The designated state agency should keep a central register of all such cases, with free access by appropriate people. Provisions should be made for the removal of case records from the register when it is found that abuse, in fact, did not occur.[7]

6. The reporting physician or hospital should be granted immunity from suit.

We recognize that these recommendations, because of certain dificiencies in both content and implementation, have not gotten to the core of the problem and certainly have not influenced the overall incidence or even the overall prognosis of the battered child syndrome.[8, 9] We continue to anticipate an incidence of approximately 260 suspected cases of child abuse per million population in urban areas. New York City reported approximately 2,800 cases of suspected abuse in 1970, an incidence of 300 reports per million population.

Priorities must be established to allow for an expansion of the prevention, identification, and management aspects of the syndrome.

Specifically, the following five additional elements must be added to the recommendations of the 1966 report:

1. Valid predictive questionnaires or related techniques in identifying parents who have the potential to abuse should be obtained rather than relying on the after-the-fact presence of physical and/or x-ray findings in the abused child to institute legal or rehabilitative procedures.[5]

2. Crisis management programs with easy accessibility for families needing immediate relief from an acutely overwhelming situation need to be developed. The concept of such centers or programs needs to be flexible and must be adaptable to differing community resources and cultural patterns. These crisis-oriented centers could vary from child care facilities where parents may leave their child in time of crisis to those which provide personal guidance and supportive services directly or by telephone service where parents could call for temporary help.**

3. Child abuse diagnostic and/or treatment centers must be established in larger urban areas to provide centralization or resources, expertise, and commitment to the prevention,

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* This statement has been reviewed and approved by the Council on Child Health of the Academy

** There are a few crisis-type programs being developed throughout the country. Most of them provide only support through a telephone "hot line" and have not broadened into the flexible child-and family centered programs that are to be encouraged. One such center is located at 2600 Nelson Ave., Redondo Beach, California.

protection, and rehabilitation of the abused child and his family. Individual agencies and treatment facilities involved with the abused child and his family frequently function in isolation without central direction and coordination. The Committee recommends a comprehensive, communitywide approach and concerned participation with centralized staff involving all needed disciplines (social, legal, medical, judicial, psychological, nursing, religious, and others as required) working together in a common physical facility readily available to the community to be served. Depending on the resources of a given city, this center could be attached to a health care facility or to a child protective service unit.[*]

4. Increased responsibility by physicians and hospitals must be encouraged. Current practice absolves the physician and/or hospital from follow-up responsibilities after a case is reported to an appropriate agency. It is strongly recommended that each hospital seeing 20 or more instances of child abuse per year have a trained team available to serve as consultants, as coordinators, and as a follow-up resource to see that all aspects of management and rehabilitation have been adequately taken care of.[5, 10]

5. Day care services should be utilized whenever appropriate or feasible for the infant and preschool child returned to their homes. The day care centers utilized should have close liaison with the community child abuse management center responsible for the rehabilitation of the family. Larger centers should develop their own day care facilities as part of the comprehensive management and rehabilitation program.[‡]

6. Lay therapists and aides from the community are needed to provide the families with support and counsel on an individual or group basis. The centralized management or treatment center as well as the primary agency involved in family rehabilitation should be responsible for recruitment and training of these personnel. The lay therapist or foster grandmother has been shown to provide the type of support needed by many of the mothers to make the home safe for the child's return.[5] New programs using the abusive parents themselves in self-help groups are now developing and show promise of being effective.[§]

Committee on Infant and Preschool Child

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John E. Allen, M.D.
Joseph W. Brinkley, M.D.
Alice D. Chenoweth, M.D.
Gertrude Hunter, M.D.
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Liaison
Herman B. Marks, M.D. (Head Start)
Rowland L. Mindlin, M.D. (American Public Health Association)

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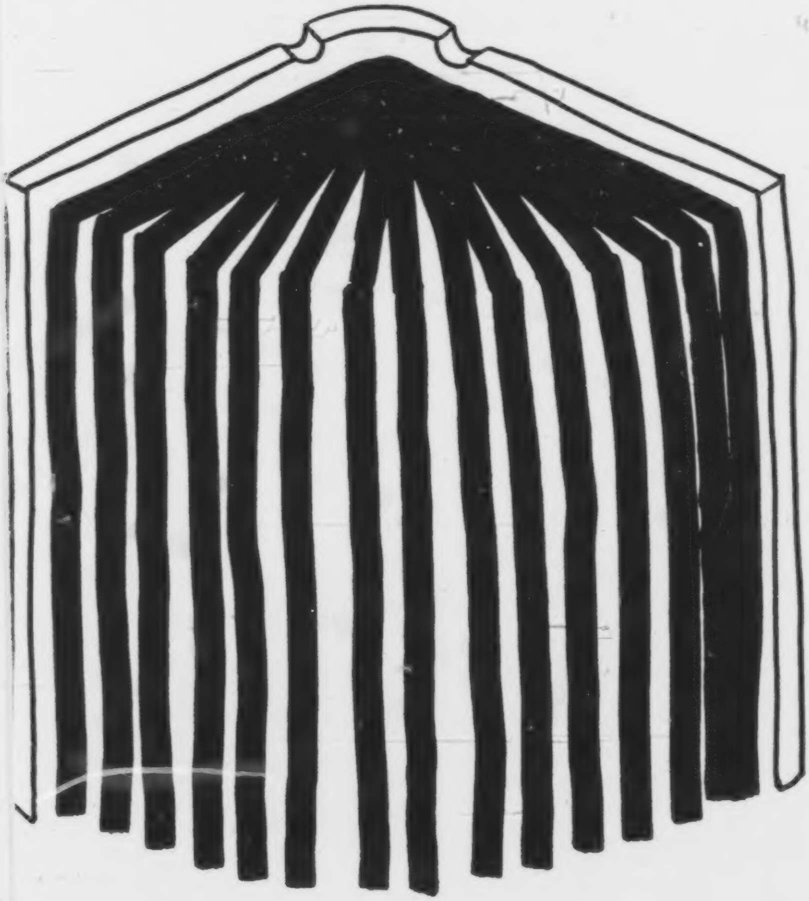
[*] Currently, several model community-hospital child abuse treatment centers are being developed, such as those at the University of Colorado Medical Center, Denver; Children's Memorial Hospital, Chicago; and Children's Hospital Medical Center, Boston.

[‡] A therapeutic Day-Care Center for abusive parents and their children is currently functioning in Boston. For information contact Miss Shirley Bean, Parent Center Project, Parent and Children's Services, 329 Longwood Avenue, Boston, Mass. 02115.

[§] A child abuse group therapy program is now functioning in Allentown, Pennsylvania, a self-help mother's group called "Mothers Anonymous" has been developed in Southern California, and a parent aid program is underway at the University of Colorado Medical Center, Denver.

NATIONAL INSTITUTE OF MENTAL HEALTH

Selected References on the Abused and Battered Child



Introduction

This reference list is intended to provide bibliographical information on the battered and abused child to research investigators, clinicians, and the lay public in order to advance our understanding of this critical psychological and social problem. Awareness of, and concern for, the battered child may help us identify and understand the fundamental behavioral mechanism of the parent of the abused child. Hopefully, creative examination of this behavior problem may contribute to its resolution.

This bibliography was derived from references and materials available in the library of the National Institute of Mental Health, the Children's Bureau, and the National Library of Medicine.

Since several bibliographies on the battered child have been published prior to 1969, this bibliography includes only those references beginning with 1968. The references are arranged alphabetically by year.

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APPENDIX II
CHILD ABUSE PROGRAMS

CHILD ABUSE CASES: DUTIES, RESPONSIBILITIES AND AUTHORITY UNDER THE COLORADO CHILDREN'S CODE

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Fourth Judicial District
Colorado Springs, Colorado

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District Attorney

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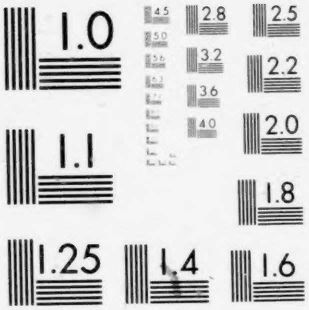
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CHILD ABUSE CASES: DUTIES, RESPONSIBILITIES AND AUTHORITY UNDER THE COLORADO CHILDREN'S CODE

I. LEGISLATIVE PURPOSE

The avowed legislative purpose of the Colorado Children's Code is clearly set out in C.R.S. 1963, 22-1-2. Underlying the entire purpose is a fundamental concept that the child and the family unit must be preserved whenever possible. This is consistent with a policy that the preservation of the family unit will benefit society as a whole in the long run.

More specifically, the legislation indicates that the purpose of the Children's Code is manifold and includes: securing for each child such care and guidance, preferably in his own home, as will best serve his welfare and the interests of society; preserving and strengthening family ties whenever possible, including improvements of the home environment; removing a child from the custody of his parents only when his welfare and safety, or the protection of the public would otherwise be in danger; securing for a child the necessary care, guidance, and discipline to assist him in becoming a responsible and productive member of society (in those cases where it is necessary to remove that child from the custody of his parents).

Keeping these considerations in mind, it is incumbent upon any person involved in child abuse matters to adhere in his behavior and his decisions to this general legislative declaration of purpose. This same declaration should control the decisions of any person or agency so involved, including law enforcement agencies, the Welfare Department, or the District Attorney's Office.

II. WHAT IS A NEGLECTED OR DEPENDENT CHILD?

In C.R.S. 1963, 22-1-3 (19) the legislature has set out the various ways in which a child may be neglected or dependent. For example, a child is a dependent or neglected child if his parent, guardian, or legal custodian abandons him or subjects him to mistreatment or abuse.

Further, if a child's parent, guardian or legal custodian allows that child to be mistreated or abused without legally or lawfully attempting to stop such mistreatment or abuse, and to prevent it from re-occurring, that child is also a neglected or dependent child within the meaning of the statute.

Any child lacking what is termed "proper parental care" because of or through the behavior of the parent, guardian or legal custodian (whether this behavior be in the form of an act or an omission) is a neglected or dependent child.

If the environment in which a child lives is somehow injurious to his welfare, that child may also be determined to be a neglected or dependent child for the purposes of the Children's Code.

Other circumstances in which a child may be found to be neglected or dependent are those involving the general physical and mental well-being of the child if the parent, guardian, or legal custodian, fails or refuses to provide proper or necessary subsistence, education, medical care, or any other care necessary for his health, guidance or well-being.

Finally, any child who is homeless or without proper care or who is not domiciled with his parent, guardian, or legal custodian, through no fault of one of those three, may also be determined to be a neglected or dependent child.

For purposes of this memorandum, the term "abused child" is not necessarily synonymous with the term "neglected or dependent child." Such assumed definitions would be too limiting within the context of this discussion. However, given the proper set of circumstances a child who has suffered direct physical mistreatment at the hands of his parent, guardian or legal custodian would fit into both categories.

III. TEMPORARY CUSTODY

Occasionally the question arises as to when a law enforcement officer or other person may take a child into temporary custody, detain him and provide shelter for him.

In child abuse cases, it is possible for a law enforcement officer to take a child into temporary custody without order of court when the child is abandoned, lost or seriously endangered in his surroundings, or when the child seriously endangers others and immediate removal appears necessary for the protection of the child or of others.

A juvenile probation counselor may also take a child into temporary custody under the same circumstances or when the child has violated conditions of probation and is under the continuing jurisdiction of the juvenile court.

Clearly, given the circumstances under which a law enforcement officer may take a child into custody, an "abused" child can be taken into temporary custody by a law enforcement officer, for an abused child would in many cases find himself in such circumstances.

The statutory duties and authority of the child welfare department are set out in another part of this memorandum.

IV. PROCEDURES FOR REPORTING CHILD ABUSE CASES

A. Reporting Duties are Mandatory

Article Ten of the Colorado Children's Code sets out the reporting procedures for child abuse cases and defines the duties of not only law enforcement agencies and the County Department of Public Welfare but the duties of involved medical people as well. Notably, many of these duties are mandatory upon the personnel of the respective agencies. Consequently, it would be a dereliction of duty for any member of any of the involved agencies to refuse or deliberately fail to comply with mandatory provisions as provided in Article Ten.

B. Immunity From Liability

There has been some difficulty in the past with individuals (including, but not limited to, physicians and hospital personnel) who have not wanted to make such reports under the statute for fear of reprisal in the form of civil suits.

It must be emphasized that the legislature has specifically provided that persons participating in an investigation or the making of a report pursuant to the Colorado Children' Code are immune from liability, including liability for participation in any judicial proceeding resulting from the investigation or the making of a report pursuant to the code. This legally immunizes such parties from both civil and criminal liability except for maliciously false statements.

In short, the fears of those involved in the investigation of child abuse cases and in the making of reports regarding them are totally unfounded unless it can be shown that they proceeded with malice in making their reports.

C. Definitions

Article Ten sets out certain specific definitions regarding the meaning of the terms "department", "law enforcement agency", and "abuse".

"Department" means the County Department of Public Welfare. That necessarily includes any subdivision within the Department of Public Welfare, including the Department of Child Protective Services.

The term "law enforcement agency" means the police department in incorporated municipalities or the office of the sheriff in unincorporated areas. Note that in bringing charges the latter two agencies work through the District Attorney's Office. That is, both the police departments and the sheriff's office bring their cases to the District Attorney's Office for purposes of determining whether or not criminal charges are to be filed.

It necessarily follows that police departments and sheriff's offices should supply the District Attorney's Office with the fullest report possible on any incident of abuse. Only in this way can a final determination be made as to whether or not sufficient evidence exists to file a criminal charge. It is logically the duty of the law enforcement agencies to provide the D.A. with a copy of such reports.

The term "abuse" is specifically defined in Article Ten. A child may be abused in any case where he or she exhibits one of the following conditions:

(a) evidence of skin bruising;
(b) bleeding;
(c) malnutrition;
(d) sexual molestation;
(e) burns;
(f) fracture of any bone;
(g) subdural hematoma;
(h) soft tissue swelling;
(i) failure to thrive; or
(j) death.

In addition, any of these conditions must be justifiably explained to take the case out of the meaning of "abuse". Where the history given concerning such condition is at variance with the degree or type of such condition then a situation exists where child abuse may be present. Moreover, if circumstances indicate that any of such conditions or death may not be the product of any accidental occurence, child abuse may be present.

D. Final Determination of Abuse Made by Appropriate Body

It is important to note that neither physicians, law enforcement agencies, nor welfare agencies make the *final* determination of child abuse. That is for a court or jury to do.

Physicians or related medical personnel are only to provide the necessary medical expertise as a part of the evidence in criminal prosecutions or in proceedings for dependency and neglect. Obviously, such determinations necessarily involve the making of fine judgments under any specific set of circumstances.

However, the refusal to make such a judgement is an abuse of responsibilities under the Children's Code if only as an omission (that is, a failure to do a duty imposed by law). Although the circumstances in some cases may not be clear, equivocation in the face of obvious evidence is dereliction of duty imposed by the Children's Code.

Doctors or related medical personnel are not asked to make the legal determinations. However, they are required to provide the necessary medical expertise and information to those who must make such legal determinations.

E. Mandatory Report to Proper Law Enforcement Agency

Article Ten makes it the duty of any person, regardless of his professional status, to report any incident of child abuse or at least to cause a report to be made.

Such reports are to be made to the proper law enforcement agency, meaning (as noted) either the police department in an incorporated municipality or the sheriff's office in county jurisdictions. The specific language imposing this duty is:

> "When any physician, medical institution, nurse, school employee, social worker, or any other person has reasonable cause to believe that a child has been subjected to abuse, or observed the child being subjected to conditions or circumstances which reasonably would result in abuse, he shall report such incident or cause a report to be made to the proper law enforcement agency." (Emphasis supplied).

According to that language, it is not necessary to wait until a child is battered or until the results of his condition or treatment are indicated upon the child's own body. A person need only have reasonable cause to believe that the child is being subjected to conditions or circumstances which reasonably would result in abuse.

F. Method of Reporting

The report may be made orally, including by telephone. If the law enforcement agency to whom the report is made requests a written report then it must be supplied.

G. Contents of the Report

To the extent available the contents of the report should be the following:

(a) address and age of the child and (of course) his name, if possible;

(b) the address of the person or persons having custody of the child;

(c) the nature and extent of the child abuse; or

(d) the conditions and circumstances which would reasonably result in such abuse;

(e) any evidence of previous abuse including the nature and extent of that abuse; and

(f) any other information which in the opinion of the person reporting may be helpful in establishing the cause of such abuse and the identity of the perpetrator or perpetrators.

Failure to make such a report where the circumstances indicate that a report should be made could at law be considered an omission.

H. Duty to Investigate

When a law enforcement agency receives a report concerning child abuse from any person, that agency has a duty to make an investigation of the alleged child abuse and to take immediate steps to protect the child as provided in Article II of the Children's Code. Further, it must institute appropriate legal or judicial proceedings and refer such reports to the County Department of Public Welfare not later than the next working day after the report is received.

Although no time is designated within which the department must act, it is incumbent upon the department to investigate each case of alleged child abuse referred to it by a law enforcement agency. Furthermore, the department is to provide such social services as are necessary and appropriate under the circumstances to protect the child and preserve the family.

During its investigation, the department may make a request for further assistance from the law enforcement agency or take such legal action as may be appropriate under the circumstances. Obviously, it is a matter of discretion with the department as to whether or not assistance from the law enforcement agency is to be requested.

The legal action contemplated by the statute appears to be either criminal or civil in nature. It would include either criminal prosecution of the parent according to appropriate procedure or civil dispositions such as a hearing in dependency and neglect. Of course, criminal prosecutions are initiated by or through the Office of the District Attorney.

The department must make a written report or a case summary as the division of Public Welfare may require to the State Registry of Child Protection regarding all reported cases of child abuse and the action taken.

I. Physician-Patient Privilege Inapplicable

An area of concern to many physicians is the question of the physician-patient privilege.

C.R.S. 1963, 22-10-5, specifically provides that "privileged" communication between a patient and a physician are not to be excluded from evidence in any judicial proceeding resulting from a report pursuant to this article. Any judicial proceeding means just exactly what it says and includes a civil or criminal proceeding.

The privilege protecting communications between patient and physician exists only at the whim of the legislature. The legislature has here determined that privileged communications do not exist.

In child abuse cases the patient is generally not of sufficient mental capacity to control his own environment. He is subject to the authority and influence of his parents. There is absolutely no privilege existing between the parents of the child and the doctor attending his patient, the child-victim.

Furthermore, the physician-patient privilege exists not for the benefit of the treating doctor but for the benefit of his patient. In child abuse cases the entire authority of the law is put into effect for the benefit of such a patient (that is, for the benefit of the child-victim). It is sound legislative policy under such circumstances to do away with the physician-patient privilege. This is especially so in view of the fact that a parent who is the perpetrator of the abuse upon the child could otherwise keep hidden from the appropriate agencies evidence as to what in fact happened to the child.

Finally, since it is not a privilege that exists for the sake of a physician, any physician or other person who raises the question of privilege simply does not understand the basic underlying legal policy regarding the physician-patient privilege in the first place.

J. Husband-Wife Privilege Inapplicable

The same statute that does away with the physician-patient privilege also does away with the husband-wife privilege. Therefore, any so-called "privileged" communication between a husband and a wife is not grounds for excluding evidence in civil or criminal judicial proceeding resulting from a report pursuant to Article Ten.

Besides the statutory authority, Colorado case law has held that no privilege exists between a husband and wife where either has been the perpetrator of an offense against their child or the child of one of them. The theory is that one marital partner is in a sense a victim of the spouse's crime against their child.

There is no caseworker-parent privilege.

K. New Legislation

On April 21, 1972, Governor John Love approved new legislation in the area of child abuse. The new legislation has to do with the initiation of petitions and investigations in child abuse cases where a report is received by the court.

Added to Article III, of Chapter 22, is C.R.S. 1963, 22-3-1 (4) (a) and (b), which treats of the initiation of a petition. This section indicates that where a court receives a report filed by a law enforcement agency or by other enumerated parties indicating that a child has suffered abuse as defined in Section 22-10-1 and it is in the best interests of the child that he be protected from risk of further such abuse, the court shall then authorize and may order the filing of a petition in dependency. Note that the court has no discretion as to whether or not to authorize the filing of the petition.

The parties enumerated whose filing of such reports require the authorization of the filing of the petition are: a law enforcement agency; employee of a public or private school; medical doctor; osteopath; child health care associate; chiropractor; dentist; dental hygienist; veterniarian; pharmacist; physical therapist; registered nurse; licensed practical nurse; or psychologist.

When any person other than those specified above tenders a report to the court indicating that the child has suffered abuse and that the best interests of the child require that he be protected from risk of further such abuse, the court, after such investigation as may be reasonable under the circumstances, may authorize and may order the filing of a petition. Note here that the court is not required to authorize the filing of the petition under these circumstances.

The new legislation also provides for the appointment of a guardian ad litum. The statutory language is as follows:

> "In all proceedings brought for the protection of a child suffering from abuse or non-accidental injury, following a report made under Section 22-10-8, a guardian ad litum shall be appointed for said child. Said guardian shall have the powers and duty specified in Section 22-10-8."

Article 10 of Chapter 22 has also been amended by the addition of a new section, treating of court proceedings in child abuse cases.

Sub-section (1) of 22-10-8 provides that a law enforcement agency receiving the report of child abuse, must (in addition to taking to such immediate steps pursuant to Article II as may be required to protect the child) inform the appropriate juvenile court that the child appears to be within the court's jurisdiction. This must be done within 48 hours of the receiving of the report.

The court then must make an immediate investigation to determine whether protection of the child from further abuse or injury is required. Upon such determination the court is required to authorize the filing of a petition in dependency.

Sub-section (2) of 22-10-8 requires the court to name as respondents all persons alleged by the petition to have caused or permitted the abuse or non-accidental injury alleged in the petition. The statute also states: "In every such case the parents of the child shall be named as respondent."

Sub-section (3) of 22-10-8 requires the court to appoint a guardian ad litum for the child, in accordance with the new section mentioned above, C.R.S. 1963, 22-3-5 (3). The guardian ad litum is charged with the general representation of the child's interests. He must be given access to all reports relevant to the case made to or by any agency or person pursuant to Section 22-3-1 (4), and the reports of any examinations of the child's parents or other custodian pursuant to this section. "All" reports means just what it says -- that is, any report made by any agency regarding the particular case.

Being charged with the representation of the child's interests, the guardian ad litum is required to make such further investigation as he deems necessary pursuant to his duty. It must be remembered that the guardian ad litum is not the representative of the parents of the child; he is the representative of the child himself. As such, he is not answerable to the child's parents nor to any one else (except, perhaps, to the court) in representing the child's interest.

Sub-section (4) indicates that at any time after completion of an adjudicatory hearing of a case of child abuse or non-accidental injury, the court may order the examination by a physician, psychiatrist or psychologist of any parent or other person having custody of the child at the time of the alleged child abuse or non-accidental injury, if the court finds that such examination is necessary to a proper determination of the dispositional hearing. The court may do this either on its own motion, on the motion of any party, or on the motion of the guardian ad litum. The dispositional hearing may be continued pending the completion of that examination.

Upon completion of the examination, the examining party, be he physician, psychiatrist, or psychologist, may be required to testify in the dispositional hearing concerning the results of the examination. He may also be asked to give his opinion whether the protection of the child requires that he not be returned to the custody of his parents or other persons having custody of him at the time of the alleged abuse or non-accidental injury.

The ordinary rules of evidence apply to such testimony except that the physician, psychiatrist, or psychologist shall be allowed to testify to conclusions reached from any records, tests or reports, provided that those records, tests or reports are produced at the hearing. These records, tests and reports include those of the hospital, medical, psychological or laboratory facilities. Of course, such expert witnesses are subject to cross-examination.

Any evidence acquired as a result of such examination of the parent or other person having custody of the child may not be used against such person in any subsequent criminal proceeding concerning the abuse or non-accidental injury of the child.

If the petition is granted, the costs of the proceeding may be charged by the court against the respondent. Note that the language gives discretion to the court as to who to charge for costs. Obviously, if a respondent is legally indigent he would not be charged for the costs. If the prayer of the petition is denied, the costs may be charged against the State of Colorado.

Interested parties are advised to read the new sections which provide for the treatment of these cases in the courts. Manifestly, the new section providing for the appointment of a guardian ad litum for the child is in keeping with the general policy that a child and his interests are to be protected all along the line and are of prime concern in such cases.

I. True Prime Concern: Welfare of the Child

From the foregoing, it is evident that the failure of any person, lay or professional, to report child abuse or circumstances which reasonably could lead to child abuse is in dereliction of not only his professional, but his civic duty. The entire force of the law and of the society backing that law is brought to bear for one initial purpose: the protection of the child-victim in child abuse cases.

Only secondarily may it be said that the family unit is also a victim. After all, the family unit must already have deteriorated to some extent, perhaps beyond repair. While it is true that an important part of the legislative purpose in enacting the Children's Code was to protect the family unit in child abuse cases, it rightfully may be said that concern for the physical and mental well-being of the child should be primary. All efforts of people involved in the investigation and reporting of such cases must initially be bent toward solving the immediate dilemma of the abused child.

V. THE DETERMINATION TO FILE OR NOT FILE CRIMINAL CASES

A person no less commits a criminal act simply because that act is committed upon his own child or a child for whom he is responsible. It is incumbent upon the Office of the District Attorney to make determinations as to whether or not a criminal case is to be filed against a perpetrator of an offense against a child. Such decisions are made not only upon the basis of the Colorado Children's Code but also upon the authority of the Colorado Criminal Code. It necessarily follows that the District Attorney must be provided with all necessary reports to make an informed final determination as to the filing of criminal charges. It is the duty of all persons, regardless of their affiliation, to provide such information.

It is also the professional duty of the District Attorney and his deputies to keep in mind the policies established by the legislature in the passage of the Colorado Children's Code. It has been and it remains the goal of the District Attorney's Office to first assure the safety of the victim of child abuse. Once that safety is assured (and secured) other considerations may be made.

Any given situation may (or may not) lead to the filing of criminal charges. It is to be emphasized that whether such charges are brought is a determination to be made by the District Attorney under his authority pursuant to the laws of this state. Further, that determination is one that can only be made by him after an analysis based upon all the information that he has available to him.

Historically, the District Attorney's Office has filed criminal charges against persons believed to be guilty of child abuse. Under various criminal statutes in the State of Colorado such charges may be, for example, assault and battery, assault with a deadly weapon, or even manslaughter or murder. Various other statutes, including those involving sexual offenses, may be used in the prosecution of defendants for violations against the person of a child.

A few charges have been filed pursuant to C.R.S. 1963, 40-13-1 which states:

> "It shall be unlawful for any person having the care or custody of any child, willfully to cause or permit the life of such child to be endangered, or the health of such child to be injured, or willfully to cause or permit such child to be placed in such a situation that its life or health may be endangered, or willfully or unnecessarily to expose to the inclemency of the weather, or to abandon such child, or to torture, torment, cruelly punish, or willfully and negligently to deprive of necessary food, clothing or shelter, or in any other manner injure such child."

Violation of this section of the statute is a misdemeanor punishable by up to 3 months in the county jail, or a fine of $100, or both in the discretion of the court. Clearly, the broad language of this statute is designed to protect children from any of the multitude of ways that a person can endanger the life or health of a child.

With the advent of the new Colorado Criminal Code, which took effect on July 1, 1972, there will be even more alternatives available to the prosecution for the treatment of cases involving violations against children. Attention is specifically directed to Article 3 of the New Colorado Criminal Code and the various sections thereto.

As of July 1, 1972 a new statute, C.R.S. 1963, 40-6-401, entitled "Child Abuse" provides the prosecution with a stronger, more flexible tool with which to handle child abuse cases. This statute is a clear revision of C.R.S. 1963, 40-13-1, discussed above. The new statute is worded as follows:

> 1. A person commits child abuse if he knowingly, intentionally or negligently, and without justifiable excuse, causes or permits a child to be:
>
>   (a) Placed in a situation that may endanger its life or health; or
>   (b) Exposed to the inclemency of the weather; or
>   (c) Abandoned, tortured, cruelly confined, or cruelly punished; or
>   (d) Deprived of necessary food, clothing, or shelter.
>
> 2. In this section, "child" means a person under the age of sixteen years.
>
> 3. The statutory privilege between patient and physician and between husband and wife shall not be available for excluding or refusing testimony in any prosecution for a violation of this section.
>
> 4. No person who reports an instance of child abuse to law enforcement officials shall be subjected to criminal or civil liability for any consequence of making such report unless he knows at the time of making it that it is untrue.
>
> 5. Deferred prosecution is authorized for a first offense under this section.
>
> 6. No child who in good faith is under treatment described in section 22-1-14, C.R.S. 1963, shall, for that reason alone, be considered to be abused or endangered as to his health within the purview of this section.

7. Child abuse is a class two misdemeanor, but if it results in serious bodily injury to the child, it is a class five felony.

As noted in the comment following 40-6-401 of the new Colorado Criminal Code:

> "This section is a restatement of section 40-13-1, 1963. The coverage is enlarged for greater clarity and immunity is authorized from civil liability of any consequences resulting from reporting violations to law enforcement agencies. Transactions between patient and physician and between husband and wife have also been removed from the category of "privileged communications" in cases involving a violation of this section."

This is to simply make a specific statutory provision for such privileged communications as we have already noted in the reporting section of the children's code. Further, it is in keeping with pertinent case law in this area.

As a matter of information, a class two misdemeanor is punishable by a minimum sentence of 3 months imprisonment or $250 fine or both and by a $1,000 fine or both. A class five felony will be punishable by a minimum of 1 year imprisonment $1,000 fine or a maximum sentence of 5 years imprisonment or a $15,000 fine or both.

With rising knowledge of the problems of child abuse and its occurrence, we may look forward to a greater number of filings pursuant to C.R.S. 1963, 40-6-401. It is also clear that the new Colorado Criminal Code will provide greater alternatives for the treatment of cases involving child abuse from the point of view of the prosecutor and that he will have better means by which to prosecute such cases in those cases where prosecution is recommended.

VI. PHILOSOPHY AND CHILD ABUSE

It must be realistically recognized that in the past (and perhaps in the present) there have been natural differences in philosophy regarding the treatment of the victims of child abuse cases and their families. These differences have sometimes existed between law enforcement officers and members ofthe staff of the Department of Welfare. It is submitted that despite these differences each agency must keep in mind the purpose underlying the Colorado Children's Code.

The Office of the District Attorney stands prepared to assist any agency at any time in the handling of child abuse cases. For example, we will cooperate totally in the preparation of such papers as search warrants, or any necessary legal documents not ordinarily handled by the County Attorney.

One of the great aids in reaching our decisions has been the Fort Carson Child Abuse Board. Its experience, expertise and interest have made great contributions to our community in discovering and handling child abuse cases. We should utilize this board and its program to the fullest extent possible.

Unfortunately, some agency members appear to feel that the determinations of the Child Abuse Board are binding upon them and that they need not pursue a case further if the board determines that there was probably no child abuse involved. This is not the case.

The determination of the Child Abuse Board should never be an excuse for failure to further pursue civilian investigations where there is a duty to do so. It is impossible to delegate that duty to the board, especially where abuse occurs off the military reservation and in civilian jurisdiction.

The board's determination of child abuse should be given due weight and consideration. However, the District Attorney's Office considers the board's opinions and determinations to be of an advisory nature only. Final determination as to the filing and prosecution of criminal cases remains in the D.A.'s Office. Civilian investigation authorities are not bound by the board's decision, even though it should always be an important consideration in reaching decisions as to further procedures undertaken.

VII. CONCLUSION

Child abuse is a continuing problem throughout our state and nation. Only in recent years have we become aware of the extent of the problem. It arises in an atmosphere that is invariably -- perhaps inevitably -- highly charged with emotion. It is not susceptible to facile solution and its spectre is ever with us.

Upon those of us who are intimately familiar with the problem there falls a weighty responsibility to attempt to prevent child abuse. Where prevention has failed or is impossible we must continue to fulfill our other appointed duties.

No single person or agency has all the answers in this area. However, with a spirit of mutual cooperation, we can better seek those answers.

To this end, these guidelines and explanations have been prepared by the Office of the District Attorney. If there are any questions, we stand ready to answer them. Hopefully, we can together continue to progress in our fight against child abuse.

THE BATTERED CHILD

A Study of Children with Inflicted Injuries

Prepared by

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March 15, 1968

THE DENVER DEPARTMENT OF WELFARE
777 Cherokee Street
Denver, Colorado 80204

Price: $ .60

FOREWORD

Denver is both a city and a county and its population in 1968 is estimated at just over a half million people. The city is surrounded by three rapidly developing suburban counties and the population of this Denver Metropolitan area is over a million people.

The child population (under 18 years of age) of the city is estimated at 180,000. The Family Services Division of the Denver Department of Welfare administered services and AFDC grants for 16,383 children in January, 1968, and each month between 6% and 8% of the AFDC children are also receiving Child Welfare service. The Division of Services for Children and Youth served 2,488 children in January, 1968, and worked with 4,619 different children and their families in 1967. This is a ratio of one out of forty Denver children under 18 years of age, and compares favorably with the higher national ratios of public child welfare coverage.

The Division of Services for Children and Youth of the Denver Department of Welfare is comprised of an Intake and Consultation Unit, a Service to Unmarried Parents Unit, an Adoption Unit, a Foster Care Resources Unit, four Protective Service and Parent Child Counseling Units, and a Homemaker Services Unit. In addition, and through private funds, tutoring is provided for school children. Within the Intake and Consultation Unit, one Child Welfare worker is assigned liaison responsibility with the Family Services Division of the Department; one is liaison worker with the Denver Juvenile Court; one with the School Social Work Department of the Denver Public Schools; one with the Delinquency Control Unit of the Police Department (previously called the Juvenile Bureau). An administrative supervisor serves as liaison person for Medical Services and for Psychiatric Services of Denver General Hospital.

A STUDY OF CHILDREN WITH INFLICTED INJURIES

Since 1951, the Division of Services for Children and Youth, Denver Department of Welfare, has participated in a coordinated Protective Service Program with the cooperation of the Denver Juvenile Court, the Denver Police Department and the Denver General Hospital. The purpose of the Division and of the Protective Service Program has been to bring help rather than punishment to families in which children are neglected in some way. The Division's services include counseling, shelter care, homemaker service, foster boarding home care, group care for children, tutoring for children, assistance to families in learning how to use community resources which they need and which are available, and activity groups for parents who are socially isolated. Within the framework of the protective service program the staff of the Division has worked with injured children and their families for a number of years.

The question of day to day safety of the child if he remains or returns to the parent who has injured him is a heavy burden for the child welfare worker, and it must also be a difficult question for the judges, physicians, police officers, and for the relatives who are concerned about these families. The question of the effectiveness of treatment and whether or not the possibility of repeated injuries can be reduced or eliminated is always of major concern to the child welfare worker.

In June, 1963, the Division began a study of "battered children" in order to review the consistency of the approach to these families; to see what is actually done which can be considered helpful to these children and to their parents; and to see what the long term results have been for both children and parents. The research reported here is considered primarily as an exploratory survey and the basis for further research.

At present, the Division of Services for Children and Youth is staffed with thirteen administrative and supervisory personnel, fifty Child Welfare workers, five second year graduate students from the University of Denver Graduate School of Social Work, fourteen homemakers, and eight clerical personnel. Two-thirds of the social work staff hold MSW Degrees and a fifth have one year of graduate work in social work. One of the Senior Child Welfare workers is a group worker and is responsible for the group work program. In addition, there are two consulting psychiatrists, a psychologist, an attorney and a special education teacher who serves both as consultant and tutor.

The major service is casework treatment for parents who are having difficulties with children, who have neglected their children, whose children have been physically abused, or whose children are emotionally disturbed, physically handicapped, mentally retarded and/or whose behavior is deviant or delinquent. Service for Unmarried Parents is directed to the total adjustment of such parents and includes assistance with their planning for the child and with the possibility of the child's release for adoption. The majority of children (about 73%) in the caseload are living with their parents. In addition to casework treatment, Homemaker Service is a family supportive method which is heavily used to teach homemaking and child care skills and to assist families to remain together. Day care, tutoring, and activity groups are also used.

Each month about 27% of the children are living in foster boarding homes or group homes. In recent years between 190 and 225 children are placed in adoptive homes annually. There are about 350 foster boarding homes available to children and over 500 applications are received each year from prospective adoptive parents. Between 100-120 boys and girls are placed each month in the two group homes presently operated by the Division and in the 19 group homes operated under voluntary auspices and from which the Division purchases service.

Expenditures for child care in 1967 were $872,989 and the budget for personnel was $667,680, a total of $1,540,669.

STUDY GROUP AND METHOD OF STUDY

The study included 48 children in the active caseload as of the end of June, 1963 known to have suffered inflicted injuries plus 53 children added to the caseload because of inflicted injuries during the July, 1963 - November, 1964 period -- for a total of 101 children.

These 101 children represented 85 families, since more than one child was abused in some families. Altogether, there were 268 children in these families, 167 of whom were not abused during the study period.

The intent was to identify all children in the active caseload during the study period known to have been abused or mistreated, without regard to the source of referral or the nature of official actions taken. The child was included if: (1) he was the object of inflicted injury be a parent or caretaker, (2) or if the injury occurred through failure to act, if the failure was indicative of an indirect attack upon the child. Instances of sexual abuse or malnutrition were excluded. Children 14 years of age or over were also excluded.

The study schedules were completed by the Child Welfare worker responsible for the case, based on the case records and the worker's knowledge, observations and judgment. The tabulations and analysis were done by the Research & Reports Unit of the Denver Department of Welfare in cooperation with a study committee of the Division of Services for Children and Youth. In all instances, the primary data for analysis represents the reports of the Child Welfare worker. The responsibility for the interpretation and integration of the data, however, rests with the study committee and the research staff.

The workers completed a separate schedule for each known incident of abuse occurring to these children for the purpose of delineating the actions taken by official agencies such as the Police, the Courts, and the Division of Services for Children and Youth. The workers also completed a schedule for each abused child with regard to his development and functioning at the time of the initial incident. In addition, a set of descriptive and evaluative schedules was completed for each family and each child in the family, whether abused or not. The latter schedules provided an evaluation of the family and its members at the time of the initial incident and a re-evaluation at the time the case was closed or at the end of the study period in July, 1965. A final follow-up was done by the Child Welfare worker from the case records as of December, 1966.

SUMMARY OF OUTCOME AND WHEREABOUTS, DECEMBER 1966

A total of 101 children from the active caseload of the Division was identified as having been abused or mistreated. Two of these children died as a result of the initial incident of abuse, this being the reason for referral of the family for protective services. There were no indications of subsequent abuse to 79 or 80% of the 99 original survivors. There were indications of subsequent abuse to 20 children. One of these children died as a result of subsequent abuse while in the custody of another agency in the community. Another child died in a car fire along with other children in the family, apparently as the result of gross neglect. This case was active with the Division at the time.

Thus, of the original 101 children, 97 were alive at the time of the final evaluation in December, 1966, some 42 months after the beginning of the study. At that time the Child Welfare workers felt that 19 of the children were inadequately protected. One of these children was living with the mother and awaiting institutional placement. The other 18 cases were closed. In twelve of these cases the family had left the state, and in six the family had refused further service. The Division had no legal authority over any of these children at the time this occurred. Twenty-one of the 97 children were still receiving services through the Division in December, 1966.

A dependency petition was filed in behalf of 83 of these children. For all but nine, the petition was sustained by the Juvenile Court. Custody was initially assigned to the Division for 38 of these children and to parents or other guardians for the other 36. In seven of these latter cases, custody was changed to the Division as a result of subsequent petitions. Thus, the Division was assigned custody for 45 of these children at some time during the study period. In the final evaluation, the Division still held custody for 10 of the children - 9 were in foster homes and one was with the mother, awaiting institutional placement.

During the period of service with the Division, 79 of the children were removed from the home. Sixty-three of these children were placed at the time of the injury, with the others being placed subsequently. Most of the children (53) were placed in receiving or foster boarding homes of the Division for varying periods of time and 10 were placed with relatives. Sixty percent of the 79 children were placed at the parents' request and with their agreement. The others were placed involuntarily because of court action. In the final evaluation, 47 of the 79 children had returned to their own homes, while 32 were not with parents - 14 on an involuntary basis and 18 at the request of parents. The whereabouts of the 97 surviving children at the end of 1966, was as follows:

65 in home of parents
7 with relatives
9 in foster homes
10 in adoptive homes
3 in private group care
1 in public group care
2 in the state training school for the retarded

Children were more likely to be removed when the mother was the abuser than when the father was the abuser. This was also true in regard to the likelihood of permanent separations and to initial placement at the time of injury.

THE NATURE OF THE ABUSE AND THE CHARACTERISTICS OF FAMILIES

Thirty-two of the children were injured by the mother and were living with both parents. Twenty-three children were injured by the mother and there was no father in the home. Thirty children were injured by the father - or the stepfather in a few instances - and the mother was also in the home. Injuries for 16 children were attributed to: both parents (6); the mother's boyfriend (5); an adoptive parent (3); and a brother (1). The abuser was undetermined in one instance. At the time of the incident, the cause of the injury was reported as unknown or the injury was said to be inflicted by someone other than a family member in one-third of the instances. The above judgments were made after the parents and child welfare worker worked together for some time. Frequently, parents and relatives let the social worker know either directly, or tacitly, who was responsible for the injury after the relationship of confidence had developed.

Half of the children were under three years of age, two-thirds were under six years of age. Almost one-third of the children were between 6 and 9 years old. Only one or two children were between 10 and 14 years of age.

These were fairly young families. Most parents were between 21 and 30 years old. Only a third of the children were from families receiving public assistance (Aid to Dependent Children). The parents were more likely to be Anglo (45%) than Spanish-American (33%), Negro (21%) or of other racial or nationality background (1%). Two-thirds of the families had three children or less. Only 2% of the families had eight or more children and the average family was 3.1 children.

A fifth of these children and their families were already receiving services from the Division at the time of the reported injury, indicating a recognized need for protective services. The rest were referred as a direct result of the injury.

These children were severely injured in most instances, as noted by the fact that 67 were seen by a medical doctor and 45 were hospitalized as a result of the injuries. As indicated previously, two were fatally injured as a result of the initial incident and one died as the result of a subsequent attack. Based on the initial incident, eleven of the children were impaired physically; six were impaired mentally; and nine were permanently disfigured. All of these severely abused children were seen by a doctor and all were hospitalized.

About a third of the children were not severely or permanently injured. They were not seen by a doctor but were referred to the Division for protective services.

Based on medical findings, eight children received skull fractures; five suffered subdural hematomas; eleven had fractures of limbs; twenty-seven had wounds or punctures; six had burns or scalds; and sixty-eight showed bruises and/or welts. Some children suffered more than one type of injury.

Injuries induced by the father most typically consisted of bruises and welts. Wound and fractures were more typical when the mother was the abuser.

In a third of the incidents, a belt, strap or stick was the means of attack. In more than half, the injury resulted from slapping, spanking or blows with the hand or yanking, throwing or shoving. In five instances, a bottle, club, hammer or knife was used. Scalding water was used in five incidents, and in one instance a cigarette or match was used. More than one means of injury was used in a considerable number of cases.

Four of the abusers had been medically diagnosed as psychotic. Child Welfare workers reported that nine of the abusing parents were mentally retarded. The influence of alcohol was indicated in sixteen cases. Thirty-six of the abusers were considered to be mentally disturbed by the Child Welfare workers.

Medical examination of the 67 children seen by doctors indicated that 29 of them had previously suffered injuries, prior to the initial incident coming to the attention of the Division of Services for Children and Youth. Based on the Child Welfare workers' reports, forty percent of the study group had suffered previous injury. Previous injury was most typical when the mother was identified as the abuser, whether the father was in the home or not. As indicated before, twenty children suffered subsequent injuries during the study period.

THE COMMUNITY'S RESPONSE TO THE INJURED CHILD AND HIS FAMILY

More than three-fourths (78) of the initial incidents of abuse to these children were reported to the police. Seventeen were reported by landlords or neighbors; fourteen by the child's mother; one by the father; five by other relatives; nine by Denver General Hospital; one by Colorado General Hospital; seven by the public schools; and thirteen by staff of the Division of Services for Children and Youth. Only one was reported by a private physician and only one was reported by a private hospital. (Colorado's law requiring the reporting of inflicted injuries to children was enacted in 1963.)

Fifty of these incidents of abuse were initially referred to the Division of Services for Children and Youth by the Police Department. Thirteen were referred by Denver General Hospital; six were referred by the schools; five were referred by public assistance workers. Six were initially reported by the child's mother; four by the father; five by other relatives; and three by the child himself. One each was referred by a private doctor, a private hospital, and a private agency.

Nearly three-fourths of these incidents were referred to the Division within a week of occurrence. The detective of the Juvenile Bureau of the Police Department, who is assigned as liaison officer for Protective Services, confers with the Intake Child Welfare worker daily about calls the police have received. As a result of this close cooperation, all incidents of abuse or neglect reported to the police are referred to the Division within 24 hours. In this manner, the Child Welfare worker becomes involved at the time of crisis for the family.

Twenty-two criminal arrests were made as a result of the abuse to these children. This included sixteen fathers, four mothers and two non-parents. In two instances, both the father and the mother were arrested. At the end of the study, two of these criminal cases were pending trial. Eleven cases had been dismissed and nine had been convicted of offenses related to the abuse. Three of the mothers were convicted and placed on probation. Five of the fathers were convicted - one was placed on probation and four were incarcerated.

A dependency petition was filed in the Juvenile Court in behalf of 75 of these 101 children; subsequently, petitions were filed for an additional eight children. The petitions were sustained in all but nine instances. Custody was assigned to the Division in 38 of these cases initially and in seven others as the result of subsequent hearings - for a total of 45.

By mutual agreement, the dependency petition is filed through the police department if their initial investigation warrants such action. In three of these cases the dependency petition was filed by the staff of the Division of Services for Children and Youth, based upon subsequent information.

As a direct result of the initial incident of abuse, 63 of the children were removed from the home - either temporarily or permanently. Most of these children (53) were placed in Child Welfare receiving or foster homes, but ten were placed with relatives. Twelve of these children were placed outside the home on a voluntary basis without court involvement. The child's removal was most typical when it was the mother who had inflicted the injury, whether the father was in the home or not.

CHARACTERISTICS OF THE CHILDREN WHO SUFFERED INJURY

A significant finding is the fact that nearly 70 percent of the children exhibited some physical or developmental deviation prior to the reported injury, based on the Child Welfare worker's observations. Perhaps it is possible that earlier parental failure is a causative factor, or that birth defects or individual differences in infants make different "mothering" demands on parents. However, regardless of the etiology there are indications that these were children who would require more than the usual care, support, and supervision. In many instances, they were nongratifying or even threatening to the parent's self-image because of their failure to respond, to thrive, to show "normal" growth and development. One mother said, "I don't feel so bad because she died. I feel bad because I couldn't make her happy."

Twenty percent of the 99 surviving children were considered "uncontrollable" with severe temper tantrums; nearly 19 percent were delayed in speech development; 17 percent showed some mental retardation or learning disability; 16 percent had toilet training problems; 14 percent had feeding problems; 8 children had physical handicaps or deformities; and 2 had diagnosed brain damage.

Of the 52 children under 5 years of age, most were described by the Child Welfare worker in some of the following terms: whiny, fussy, listless, chronically crying, restless, demanding, stubborn, resistive, negativistic, unresponsive, pallid, sickly, emaciated, fearful, panicky, unsmiling. About 25 percent did not have appropriate language development. Almost one-half showed indication of malnutrition, dehydration, arrested development or failure to thrive. About one-fourth presented toilet-training problems. One-half were bottle fed in infancy. One-half were children of unwanted pregnancies and one-fourth were of illegitimate birth. One-half were unloved and ignored by the mother and about the same proportion were unloved by the father.

The children 5 years old and over were typically seen as gloomy, unhappy, or depressed. They tended to be selfish and inconsiderate or unassertive and self-sacrificing. They were ingratiating or insincere, with the girls more likely to be flippant and impertinent. They were either hyperactive or listless, boisterous or noncommunicative. With peers they were more the objects of bullying than the aggressors and isolates with few friends. They did little overt acting out such as stealing or vandalism. They were considered deceitful and unable to be sincere and they seemed immature and overly dependent for their age. They were dissatisfied with home and school, and they more openly expressed disrespect toward father while being sullen or ingratiating toward mother. Twenty percent were mistreating their brothers and sisters while at least 10 percent were mistreated by their siblings.

COMPARISON OF INJURED CHILDREN WITH THEIR BROTHERS AND SISTERS

Altogether there were 268 children in these 85 families. The older children rather than the younger children in the family were somewhat more likely to be injured. This was especially true when it was the father who inflicted injury. The youngest child was most likely to be injured by the mother. The middle children were least likely to be injured.

Eleven of the 167 siblings who were not included in the study were reported to have been the object of parental abuse or mistreatment. All of these events occurred prior to the study period, however.

Half of the abused children were boys, about the same as among the non-abused children and no different from the general child population.

Thirty-six percent of the abused children were illegitimate. Illegitimacy has been suggested as a factor related to the singling-out of the child for abuse. In this study, however, forty percent of the non-abused children in the families were also illegitimate. Thus, it would seem that illegitimacy in and of itself is not a cause of abuse.

Based on the worker's records and observations, the non-abused children were more generally reported to be adequate in health and vigor. The less adequate health of the abused children was in part, at least, related to parental abuse.

Less than half of these children showed satisfactory mental and emotional development. The non-abused children tended to fare better than those that were abused. Both the abused and the non-abused children tended to be shy, gloomy or passive.

These children, whether abused or not, were generally deprived of appropriate parental care and affection. In this regard, as well as with respect to physical and mental condition, they were receiving less adequate care than children in the Aid to Dependent Children caseload - based on random samples of the ADC caseload using the same schedules and instructions for evaluation by the family service workers.

CHARACTERISTICS OF PARENTS

The generally incompetent functioning of this group of parents cannot be overemphasized. This applied to both the men and the women and to the parents who did not inflict injury as well as to those who did. These parents were beset with anxiety, hostility, depression; they were irresponsible, many drank to excess; they had little constructive support from relatives.

Most of the families in which there was no father depended on public transportation and in families with fathers, just over one-half had their own car. Mobility for these families was limited. Very few of the families lived in their own homes, most were renting apartments or houses, a few lived with relatives, and a few lived in public housing. For about one-half of the families, the condition of facilities and furnishings was considered inadequate. Most families had moved at least once in the previous year. Only about one-third of the families were managing adequately with available income. The lack of income and misuse of funds left most of these families in a constant state of financial need. At the time of abuse, most of these families were living in the disadvantaged sections of the City.

Only about one-half of the fathers were working at capacity and only about one-third had substantial full-time employment. In terms of occupations, almost one-half did skilled or semi-skilled work, and about 30 percent did general or unskilled work. A few did clerical or sales work, a few were professionals or managers, and a few needed protected job placement.

About 35 percent of the parents had high school educations and a few had one year or more of college. Some of the mothers could not read and write and some were non-English speaking. No fathers were reported as not being able to read and write English. The group with most education were the fathers who had not inflicted the injury and the least educated were the mothers alone (no father in the home).

The great majority (over 70%) of the families were experiencing severe marital conflict, and this was particularly noticeable in families in which the father inflicted the injury.

As judged by the Child Welfare workers, very few of these parents were enjoying sound mental health or adequate social adjustment. The abusers most frequently exhibited anxiety, hostility or depression. The non-abusers were somewhat more adequate in mental condition, but more than half were anxious hostile, depressed or lacking in self-confidence. More than a third of the parents were described as irresponsible or unreliable. Relatively few of the mothers, but a fourth of the fathers drank excessively. The mothers, whether abusers or not, were more often seen as having appropriate social involvement.

Reports by the Child Welfare workers support the contention that abusing parents suffered deprivation and defective parenting in their own childhood. Based on fragmentary information, it appears that a disproportionate number were reared outside their own homes. Marital and financial stresses were clearly evident. Poor housekeeping standards were usual. They usually lived in rented quarters - often in dilapidated housing. There were frequent changes in residence.

Both sets of grandparents were lacking in education. The grandfathers were generally unskilled. The grandmothers frequently worked. There were indications of excessive drinking on the part of the grandfathers. They also tended to be overly harsh and strict. Some of the grandmothers were described as overprotective. Most typically, the grandparents were described as immature, impulsive or self-centered.

FAMILY INTERACTION

Interaction in these abusing families was largely nonverbal except for lashing out in bickering, nagging, or berating. The child was seen more often as a burden, a source of irritation than as a source of satisfaction. He was frequently seen as someone who should give love to the parent and not as an individual person needing help and guidance in his development. The injured children were ignored or unloved.

The parents who inflicted injury tended to be rigid and domineering. The abusing fathers were "moralistic" in their ideas and attitudes about parental authority, discipline, and child care. Both the mothers' and fathers' expectations of the child tended to be inappropriate and not in keeping with the child's age level or abilities. The parents tended to use little person-to-person conversation with the children except in lectures and criticism, teasing, nagging, ridicule. They conveyed the limits and expectations by spur-of-the-moment outbursts in rage or despair. They were prone to interpret children's behavior in terms of "willful naughtiness," and were resentful and unforgiving. They made frequent, although sporadic use of corporal punishment, more an expression of agitation than of goal-oriented discipline. Many parents indicated to the Child Welfare worker that the injury occurred in their efforts to discipline the child, and many indicated that they felt antagonized or provoked and unloved by the child. Often the abusing parent saw himself as having a unilateral right to punish the child, and most often there was no agreed-upon purpose for, rationale for, or means of punishment within the family. The parents who did not inflict the injury were passive and ineffective in intervening as a counterforce with the child. The non-abusing father had abandoned his parental responsibility. He left everything to the mother and tended to excuse or ignore the children's behavior. The non-abusing mother showed the most constructive and promising attituded toward the children. She made efforts to intervene and to serve as a counterforce with the children. She was more flexible and reasonable in regard to expectations of children and she tended to use rules for the protection and guidance of children. She was apologetic and self-blaming for children's wrong-doing and she relied less heavily on corporal punishment. Although feeling overwhelmed, she was able to be friendly and congenial with the children at times. She attempted to provide reassurance and support and to explain things to the children.

FUNCTIONING OF FAMILIES AT THE END OF THE STUDY PERIOD

The Child Welfare worker's approach is an offer to help relieve stress and a recognition of parents as persons under overwhelming pressure who have not themselves experienced adequate parenting, and who may be unable to give love to their own children. Within a stable and understanding relationship with the Child Welfare worker, many parents could reveal their fear of parenthood, their anger toward their child, or their desire not to be parents. Some could ask to be relieved permanently of child care. These parents were not unconcerned about their children but had looked at their own inability to care for them. Mr. and Mrs. Brown, for example, relinquished three-year-old Denise after 18 months work with the Child Welfare worker and many months of foster care. Denise was the picture of health when returned to her parent's home. She began to lose weight and to be moody and sad. The mother could not accept and care for Denise and the parents asked the Child Welfare worker to take Denise. They relinquished two other girls born subsequently.

These families were usually seen on a weekly or bi-weekly basis but the Child Welfare worker was available on a day-by-day basis in the event of emergency. The average length of time between opening and closing of these cases was 27 months. Only 9 cases were closed within six months of the date of opening.

By and large, the parents were evasive and resistant, and found it difficult to accept the offer of help. Perhaps some of these people were unaccustomed to being listened to and to discussing plans, attitudes, relationships. While the resistance and the dependence diminished for the group as a whole by the end of the study period, the Child Welfare workers felt that fully constructive working relationships and use of department services had been achieved with and by just under a third of the parents. The mothers were more responsive than the fathers. The least responsive were the abusing fathers.

While significant improvement in overall functioning as well as in regard to care of children was seen in a considerable number of the families, most were still functioning at a fairly low level of adequacy at the time service was discontinued or at the end of the study period.

As examples of the improvement seen by the Child Welfare workers at the end of the study period: one-fifth of the abusing parents showed improved mental health, but less than a third were considered adequate in this respect; one-fourth of the non-abusing parents showed improvement in mental health, and almost half were considered adequate in this respect; eighteen of the families showed improvement in the care of the home and 62% were functioning adequately in this area. As a group, these parents showed little improvement in educational attainment, occupational competency, stability of work history, adequacy of housing, or marital adjustment. About 30% of the marriages ended in separation or divorce, which may have been a major means of resolving stress and protecting children in many of the separated families.

Separation of the parents occurred much more often when the father was the abuser than in families in which the mother was the abuser. In the latter families, the tendency was for the children to be removed, either temporarily or permanently.

Thirty-three families showed improvement in the care of children by the end of the study period, and less than a third were providing fully adequate care and supervision. Considering the quality of child care from the point of view of the children, 67% were receiving adequate care at the end of the study period. This includes the children who were living with relatives, in foster homes, in group homes, and in adoptive homes as well as those who were living with their parents. As indicated above, two-thirds of the children were living with parents at the end of 1966. The Child Welfare workers' judgments were that only 19 of the children (20%) were inadequately protected. All but one of these families had left the state or had ceased contact with the Division.

CONCLUSIONS

We consistently see the parents of the abused child as depressed and beset by many unmet needs of their own. They are often angry over the unfulfilled expectations in their own lives. They do not trust easily the offer of help and understanding, and they expect rejection. Their responses to events are inappropriate and both impulsive and excessive. They are sometimes involved in role reversals with their children in which the parent seeks the love gratification and fulfillment they have not known in their own lives. They are unaware of age-appropriate behavior of children; tend to ignore children unless irritated with them; and see the behavior which they consider unacceptable as "willful naughtiness." The abusing parent tends to be rigid and dominating, and we suspect that in some instances the "passive," "nonsupportive," "disorganized" parent acts out his own aggressive needs through the overtly aggressive acts of the parent who inflicts the injury.

The non-abusing mother more frequently can intervene for the protection of the child and for his improved care, but the non-abusing father is less able to offer intervening or alternative support. When the non-abuser does actively intervene, the result is often a separation of the parents and dissolution of the marriage.

A considerable proportion of the abused children are children who would be hard to care for. They seem to be non-gratifying or even threatening to the parental self-image because of their failure to respond, to thrive, and to show normal growth and development. The most likely target for abuse appears to be the child who is overly active in some way or who presents the greatest problems in regard to supervision or physical care. We find no suggestion that abuse is related to questions of the child's paternity or legitimacy. The non-abused children in these families do not fare particularly better with respect to parental neglect.

Family interaction (between parents themselves as well as between parents and children) is largely non-verbal except for lectures, criticism, nagging, ridicule. Parents conveyed their expectations to children frequently in spur-of-the-moment outbursts of rage or despair.

The majority of the families were functioning at a low level of adequacy in regard to mental health, social adjustment, care and supervision of children, marital stability and adjustment, amount and stability of income, management of funds, schooling and occupational competency, condition of the home, and mutually supportive relationships with relatives. Low functioning in most of these basic life circumstances means that parents have few choices regarding their mode of living or for coping with additional stress.

In response to the event of child abuse, one of our first concerns is whether it is safe for the child to remain in his own home. If the judgment is that the child cannot remain in his own home, at least temporarily, a dependency petition is filed in the Juvenile Court. This confrontation of the parents with the seriousness of the injury brings about anger, anxiety, fear and resistance on the part of the parents.

Most helpful in beginning with the parents is a united front in which the police, the doctors, the attorneys and the agency all accept the seriousness of the injury for both the parents and the child and the need of each for help and protection. There must be identification with the parents and their problems as well as concern for the child. The parents must feel their right to tell about what happened and about how hard they have tried to take care of their children. They must feel they are being heard.

Environmental support is usually a firm beginning with parents, for example: discussion of financial stresses and ways to relieve them, homemaker service or a day care program to help with a retarded child, and work on pressures related to housing, employment, chronic illness, neighbors, or in-laws. Some practical success in these areas increases the parent's confidence in the Child Welfare worker and opens the door to understanding the more deep-seated problems. Such discussions of day-to-day pressures and ways of coping with them reveal much about the organization and functioning of the family, its strengths and weaknesses, and the feelings of the parents for themselves and for their children. This gives clues as to the part the abused child plays in the parent's internalized conflict about himself. This conflict, as it represents the ways in which his own parents felt about him as a child, becomes the focal point of treatment.

The impression of Child Welfare workers is that all too often these people see themselves through their parents' eyes as "bad," "unsatisfactory children," as rejected and unloved. Because of the resistance and evasiveness on the one hand and the pervasive feelings of incompetence and of expecting rejection on the other hand, and because most of these people have had little experience with being listened to, treatment must be complete concern for the individual and his view of his day by day problems. This concern must be demonstrated quickly and consistently by the Child Welfare worker and treatment is usually long term, a matter of years. We should understand very clearly the ease with which these "abandoned" people feel rejection on the part of the Child Welfare worker. In retrospect, we can identify at least two families in which additional injury to a child occurred just after the Child Welfare worker's absence, which was not explained to the client, and just after a Child Welfare worker's resignation and the introduction of a different therapist.

The following are some of the questions we consider in determining whether the child can remain or return to the home:

1. Has there been a reduction in family stress?
2. Has the abusing parent developed some awareness of his behavior so he can recognize potentially dangerous situations?
3. Is the other parent, if present, sufficiently aware of such dangerous situations; can he be supportive to his spouse and able to assist with children at times of pressure?
4. Are there other adults who can assist with child care for much of the day or who can be called on to help when a parent becomes too overwhelmed?
5. Are parents able to acknowledge previous destructive practices to some extent, and are they open to beginning re-education with respect to child care?

6. Is there some reduction in the child's "provocative" behavior or is a plan being implemented which will assist the child with his developmental and/or physical problems?
7. Does the casework relationship between parents and Child Welfare worker indicate beginning trust and confidence, and is the Child Welfare worker sufficiently available to the parents so that they can use the treatment relationship as a brake on their impulsive acting out?

The possible incidence of child abuse in Denver may not be great when considered within the context of the child population. For example, 33 of the 101 children in the study were injured within a 12-month period, July, 1963 to June, 1964, and there are some 135,000 children under 14 years of age. However, this study shows that abused children are in jeopardy of further injury unless effective treatment and service are provided.

It is essential that a community sanction a coordinated protective service program which can provide immediate foster care, counseling and other child welfare services, medical care, psychiatric care as indicated, and which can bring the authority of the Court into play as needed for the "battered child" and his family. Working with these families, the child welfare worker must reach out as quickly and effectively as possible to parents in order to help relieve the major stress which may be created by chronic or acute physical or mental illness, or the child's "provoking" behavior, regardless of the etiology. Over the long term, he must also find ways to assist low-income families toward more adequate functioning in terms of suitable housing, capacity for mobility, adequate income and management of money, and upgrading of work skills, so that these families can have more choices about the way in which they live.

Today's developing programs, which are providing opportunities to low-income families for improved health care, job training, basic and advanced education, improved housing, and jobs for youth, may very well serve to reduce some of the stress for such families. Certainly, the child welfare worker has much more opportunity to demonstrate concretely to these parents his concern for them as individuals as well as for their children, when he can make a variety of services available when the parents need and want them.

DEFINITION AND GUIDELINE FOR HANDLING CHILD ABUSE CASES

PREPARED BY:
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HENNEPIN COUNTY WELFARE DEPT.
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IDENTIFYING CONDITIONS OF CHILD NEGLECT
GUIDELINE CHILD PROTECTIVE SERVICES
HENNEPIN COUNTY WELFARE DEPARTMENT

Physical

1. Physically abused
2. Sexually abused
3. Exploited
    - A. Have excessive responsibilities placed on them, though very young, to care for home and other younger children
    - B. Overworked beyond physical endurance
    - C. Forced to beg and steal
    - D. Forced to sell commodities beyond child's ability to do so
4. Malnourished and emaciated
5. Does not receive necessary immunizations
6. Suffers chronic illness and lacks essential medical care
7. Lacks dental care
8. Does not receive necessary prosthetics, including eye glasses, hearing aids, etc.
9. Does not receive proper hygiene
    - A. Unwashed
    - B. Unbathed
    - C. Has poor mouth and skin care
10. Fails to attend school regularly due to the faults of the parent
11. Left without supervision
12. Left alone for hours and days
13. Abandoned

Emotional

1. Denied normal experiences that produce feelings of being loved, wanted, secure, and worthy
2. Rejected through indifference
3. Rejected overtly--left alone, shouted at, blamed for problems, etc.
4. Emotionally neglected which is intangible, but the child's behavior often reveals visible symptoms; such as hyperactivity, withdrawal, overeating, fire setting, nervous skin disorders, psychosomatic complaints, autism, suicide attempts, truancy, delinquencies, failure to thrive, aggressiveness, discipline problems, stuttering, enuresis, hypochondriasis, and overprotection.

Material

1. Has insufficient clothing
    - A. Fails to keep child warm and comfortable at home, at school, and at play.
    - B. Seriously fails to protect the child from the elements of the weather.
2. Has improper clothing
    - A. Dirty, smelly, ragged, and generally in terrible disrepair
    - B. Wearing of such clothing usually results in ridicule and harassment from the child's peers

(OVER)

3. Filthy living conditions
    - A. Garbage and dirt strewn about the house and yard
    - B. Floor and walls smeared with crusted feces
    - C. Urine smell permeates throughout the house
    - D. Vermin present
    - E. Bedding and chairs soiled
    - F. Home conditions in total chaos--no evidence of routine housekeeping
4. Inadequate shelter
    - A. Cold
    - B. Overcrowded
    - C. Makeshift sleeping arrangements
    - D. Poor lighting
    - E. Poor ventilation
    - F. Fire hazards
    - G. Poor sanitation as a result of inadequate or unrepaired plumbing
    - H. Other hazardous conditions existing for children such as broken stairs, broken windows, broken porch and stair railings, etc.
5. Insufficient food
6. Haphazard meals
    - A. Meals which consistently lack nutritional value
    - B. Steady diet of potato chips, pop, candy, peanut butter, crackers, etc.

Demoralizing Circumstances

1. Continuous friction in the home
2. Mentally ill parents
3. Marital discord
4. Immature parents
5. Excessive drinking
6. Addiction to drugs
7. Criminal environment
8. Illicit sex relations
9. Overly severe control and discipline
10. Encouragement of delinquencies
11. Mental retardation of parents
12. Harsh and improper language
13. Nonsupport
14. Values in the home in conflict with society
15. Failure to inculcate value system in guidance and care of children (lack of moral training)
16. Broken home, divorce, and frequent remarriages
17. Failure to offer motivation and stimulation toward learning and receiving an education in keeping with child's ability and intelligence
18. Failure to provide healthy, wholesome recreation for family and childre
19. Failure to individualize children and their needs
20. Failure to give constructive discipline for the child's proper development of good character, conduct, and habits
21. Failure to give good adult example
22. Promiscuity and prostitution
23. Frequent out-of-wedlock pregnancies
24. Money-management problems

DEFINITION AND GUIDELINE FOR HANDLING CHILD ABUSE CASES

Purpose:

To provide for the protection of minor children who have had physical injuries inflicted upon them by other than accidental means, where the injury appears to have been caused as a result of overt attack or covert neglect.

Minnesota statutes (626.52; 626.554) (copies attached) spell out the mandatory reporting of child abuse by the following: (physicians and other aids to healing to report injuries)

1. Physicians
2. Surgeons
3. Persons authorized to engage in the practice of healing
4. Superintendent or manager of a hospital
5. Nurses
6. Pharmacists

The Minnesota law does not obligate others such as social workers, school teachers, police, neighbors, relatives, etc., to report child abuse. Although others are not mandated by law to report, it does not exclude them from showing concern for the abused and neglected child. Their consciences must be their guide in reporting conditions of child neglect and thereby "speak for a child who cannot speak for himself."

Systems involved in finding and protecting the abused and neglected child:

Primary:

1. Hennepin County General Hospital
2. University of Minnesota Hospitals
3. Private hospitals
4. Public health--physicians and nurses
5. Public and private medical clinics
6. Private physicians, nurses, and others
7. School nurses and doctors
8. Police--village, township, and city departments--county sheriff's department, University of Minnesota Police Department
9. Hennepin County Welfare Department, Child Protective Services Section
10. Juvenile Court

Secondary:

1. Day care facilities
2. Nursery schools
3. Schools--teachers, counselors, social workers, etc.
4. Social agencies--public and private

Definition of Child Abuse:

Medical (basic definition):

Any child exhibiting evidence of injuries where there is marked discrepancies between the clinical findings and historical data as supplied by parents or caretakers.

Clarification:

1. Any physician, surgeon, and persons authorized to engage in the practice of healing, superintendent or manager of a hospital, nurse and pharmacist having "reason to believe" "reason to suspect," or "having reasonable or just cause to believe" that a child's injuries were inflicted by other than accidental means; or as a result of abuse or neglect, are obligated by law to report to the police and Child Protective Services, Hennepin County Welfare Department, such conditions.

2. Abuse means any case in which the child exhibits evidence of bruises and welts, burns and scalding, abrasions and lacerations, wounds, cuts, bites and punctures, malnutrition, bone fractures, subdural hematoma, soft tissue swelling, failure to thrive, concussions, or death, and such conditions or death are not justifiably explained; or where the history given concerning such conditions or death is at variance with the degree or type of such conditions or death; or circumstances indicate that such conditions or death may not be the product of an accidental occurrence.

3. Parents or caretakers must be advised of the "suspected abuse" of the child and interpretation given of what efforts will be taken to comply with the State law. No statement should be made as to what Child Protective Services or the police may do with the report.

Test for Reporting of Injuries to Child:

1. Medical findings

2. Story given to examiner or observer of child injuries is at variance as to how the injuries could have actually occurred.

3. Observation of parent or caretaker's behavior or demeanor when he or she explains how injuries to a child have occurred. (See attached form called "Who Abuses a Child?")

4. Personal observations of an assault against a child causing real and serious injuries.

If in the opinion of the examiner or observer of a child's injuries it is decided that child abuse exists, a report is to be made by proceeding thusly:

1. Telephone Child Protective Services Assessment Unit, Hennepin County Welfare Department, telephone 330-3552 or 330-3676 to identify child and give a description of the injuries and circumstances as to the probable cause of such injuries. After office hours, (i.e. 4:30 PM thru 8:00 AM the following morning) weekends and holidays, call Pilot City Emergency Service at telephone 522-4351.

2. Notify police of all cases of child abuse which are reported to the Child Protective Services Assessment Unit. The reporting system or persons have no choice in reporting to one and not to the other.

Child Protective Services Assessment Unit will obtain sufficient information about child and his family to proceed in protecting the child from further abuse and initiate social services to the family.

Police will investigate as to the possibility of a crime against the child. Police findings will be shared with the Child Protective Service function. Child Protective Services will interact with police in the protection of a child reported as abused.

The source reporting a child abuse situation must by law follow up a verbal complaint of child abuse by making such a report in writing to both the police and Child Protective Services. Only the identified professions in the child abuse law which calls for mandatory reporting will submit a written report. Neighbors, day care centers, schools, etc., are not obligated to make a written report. If protecting a child from further abuse is necessary, the police and Child Protective Services will collaborate in such proceedings. The police may place a temporary hold on a child based on the possibility that child's life is endangered (Taking child into custody, State statute 260.165, Subdivision 1, Section c2). The Child Protective Services function may institute legal activity with the Juvenile Court to protect the child with established legal procedures.

At no time should the reporting source of child abuse preempt the police, Child Protective Services, or Juvenile Court functions. Once the report is made to the proper authorities, that is, police and Child Protective Services, the reporting source of child abuse has met its responsibilities by law.

JUVENILE COURT ACT

LAWS 1959, CHAPTER 685

Sec. 24. 260.165 TAKING CHILD INTO CUSTODY. Subdivision 1. No child may be taken into immediate custody except:

(a) With an order issued by the court in accordance with the provisions of section 18, subdivision 5, or by a warrant issued in accordance with the provisions of section 20; or

(b) In accordance with the laws relating to arrests; or

(c) By a peace officer

 (1) When it is reasonably believed that a child has run away from his parents, guardian, or custodian, or

 (2) When a child is found in surroundings or conditions which endanger the child's health or welfare; or

(d) By a peace officer or probation or parole officer when it is reasonably believed that the child has violated the terms of his probation, parole, or other field supervision.

Subd. 2. The taking of a child into custody under the provisions of this section shall not be considered an arrest.

You will note from the above that a peace officer (policeman) may take a child into custody under certain circumstances, but a social worker or other citizen is not granted this right.

This does not, of course, apply to State wards. In these instances parental rights have been severed, and as agents of the Commissioner of Public Welfare, we are acting in lieu of the parents.

Please review this with your staff.

ASSESSMENT OF PARENTS--CAN THEY BE POTENTIAL ASSAILANTS OF CHILDREN?

1. What is parents' own estimate of current life situation--needs? Are they fulfilled by having a child? Are they threatened by having a child?

2. Were parents in the swing of things with society before parenthood--did they have positive associations, connections with people--in high school, peer groups, family, etc.?

3. What are the parents' feelings about their own childhoods? Were they good or bad? How do they talk about their past childhood experiences--with enthuiasm, nostalgia, or with bitterness, rancor, etc.?

4. What are parents' feelings about their own parents? How do they talk about their life with them?

5. How has parent identified with the nurturing role? Is it positive or is it negative?

6. How strong is parents' motivation to be identified with parenthood? to a social role? to adulthood? to a child? (Can they empathize?)

7. How does parent respond to a child's everyday needs? Is it natural? Does he/she accept the child's usual demands for attention? How does he/she handle this demand for attention? Does he/she construe this as interference? Does he/she respond with assaultive shouting? Does he/she feel oppressed by the child's demands?

8. Does parent place too much expectation on the child to love the parent? to do things beyond child's ability? (Needs of immature parents are so great that they expect child to fulfill them.)

9. Do these parents expect child to protect them, rather than that they protect the child?

10. Anxious-mother syndrome: sees illness where there is none; sees behavior in a child as abnormal when it is a normal response; constantly seeks medical advice or social worker's help regarding almost every move the child makes; wants treatment for imagined problems and illnesses of a child.

STATEMENT

Child neglect is a phenomenon as old as mankind. History is replete with stories of infanticide and children abandoned to die of hunger and exposure. They were sold, mutilated and violently thrashed by their elders. To gain alms for their caretakers, they were scarred, broken and grotesquely maimed to incite public pity.

Children were forced to work long hours in mills and mines, impairing their health and denying them educational opportunity. Efforts in the United States to legally protect neglected children began in 1875, less than a century ago. Henry Bergh and Commodore Eldridge Gerry of the Society for the Prevention of Cruelty to Animals rescued nine-year-old Mary Ellen from her foster parents, who treated her with shocking brutality. Although no law to protect children had been broken, Bergh decided that if Mary Ellen had no rights as a human being, she should have the justice of "a cur on the street".

For a nation so child-centered, progress to serve the neglected child and his family came slowly after Bergh's efforts. Not until 1962 did Federal Amendments specifically charge public welfare departments to provide services to neglected children. Before then, such private agencies as Societies for the Prevention of Cruelty to Children offered much of the service given.

Hennepin County was more fortunate, having a community mandate to protect neglected children as early as 1919. A Community Chest-supported agency, the Child Protection Society, interceded for them. In 1944 this program transferred to the Hennepin County Welfare Department, a public welfare agency.

Serving the neglected child has become a major welfare service in our community. A large staff directly serves families in which alleged child neglect occurs. Vincent DeFrancis, an international consultant to communities and agencies on developing child protective services programs, has called the Hennepin County Child Protective Services program "the most outstanding service of its kind".

The Child Protective Services Program -- a specialized social service for all neglected, abused or exploited children -- responds to all identified conditions of inadequate child care that jeopardize the child's well-being.

"The child on whose behalf protective services is given is one whose parents, or others responsible for him, fail to provide, either through their own efforts or through the use of available community resources, the love, care, guidance and protection a child requires for healthy growth and development; and whose condition or situation gives observable evidence of the injurious effects of failure to meet at least his minimum needs.

"It is presumed that physical, emotional and intellectual growth and welfare are being jeopardized when, for example, the child is:

"Malnourished, ill-clad, dirty without proper shelter or sleeping arrangements.

"Without supervision, unattended.

"Ill and lacking essential medical care.

"Denied normal experiences that produce feelings of being loved, wanted, secure, and worthy, that is, emotional neglect.

"Failing to attend school regularly.

"Exploited, overworked.

"Physically abused.

"Emotionally disturbed, due to continuous friction in the home, marital discord, mentally ill parents.

"Exposed to unwholesome and demoralizing circumstances.

(Edward J. Kosciolek)

"The purpose of Protective Services is to discharge community responsibility for safeguarding the rights and welfare of children whose parents are unable to do so; and to see that the neglected child is protected against further experiences and conditions detrimental to his healthy growth and development, and that he receives in his own home care which will provide the essentials for his well-being and development, or appropriate substitute care.

"The service, in behalf of the child, has as its purpose to help parents recognize and remedy the conditions harmful to the child, and to fulfill their parental roles more adequately; or to initiate action, either with parental cooperation and consent or through petition to the court, to obtain substitute care for the child whose parents are unable, even with available help, to meet his minimum needs.

"Protective Services seeks to identify and help overcome conditions in the community which contribute to or fail to avert neglect of children. It is not the purpose of Protective Services to punish or prosecute parents."

It is not enough to discover an abused child and fail to see that his abuser needs help as much as he needs protection from further danger. Parents who attack their children have little concept of themselves as persons and parents. It is absurd to cry for their punishment, as punishment does not treat these unfortunate people. They need understanding, compassion and friends. Their children need them, as every child needs an identification with his family. A parent substitute for an abused child is demanded only when all efforts fail to correct the problems that cause a mother or father to assault a child.

It is important for the community to recognize these people are deeply disturbed and consequently in need of help. We have learned in our experience with neglected children that "....efforts made to save the child from his bad surroundings and to give him new standards are commonly to no avail, since it is his own parents whom, for good or ill, he values and with whom he is identified. These sentiments are not surprising when it is remembered that, despite much neglect, one or the other parent has almost always, in countless ways, been kind to him from the day of his birth on, and, however much the outsider sees to criticize, the child sees much to be grateful for."

(John Bowlby)

We seek to develop collaborative efforts by many community members to seek early identification and prevention of child neglect. The doctor, policeman, social worker, neighbor and others can provide protective measures against continued neglect and abuse of children by identifying the problem and calling the Child Protective Services assessment unit of the Hennepin County Welfare Department, which is responsible for protecting the child from further neglect and abuse and providing counsel and treatment to rehabilitate the abusive and neglected parent.

Martin Coyne, Supervisor
Child Protective Services

1-9-73

CUMULATIVE
CHILD ABUSE REPORT

HENNEPIN COUNTY WELFARE DEPARTMENT

JANUARY 1, 1973

Reference is made to Minnesota Statute 1961, Section 626.52 as amended by Laws 1963 (7-1-63), Chapter 484, and by Laws Chapter 759, 1965 (7-1-65). An act relating to the protection of the abused and battered child; requiring the reporting of injuries or evidence of injuries appearing to arise from the maltreatment of minors.

Referrals to Child Protective Services, Hennepin County Welfare Department, from July 1, 1963, to December 31, 1972, totaled 514 children abused from 473 families. These referrals occurred as follows:

Dates	No. of Children	No. of Cases	No. of Incidents
7-1-63 to 12-31-63	6		
1-1-64 to 12-31-64	15		
1-1-65 to 12-31-65	9		
1-1-66 to 12-31-66	22		
1-1-67 to 12-31-67	34		
1-1-68 to 12-31-68	56		
1-1-69 to 12-31-69	61		
1-1-70 to 12-31-70	68		
1-1-71 to 12-31-71	112		
1-1-72 to 12-31-72	131	115	119

Classification of the extent of abuse:

1. Battered-child syndrome, i.e., repetitive injuries - - 43 incidents.

2. Physical abuse, severe, occurring one time. The beating resulted in lacerations or fractures - 71 incidents.

3. Physical abuse, moderate. No fractures but bruises on face and body and beating usually occurring more than once. The abuse usually occurred as a result of severe uncontrolled discipline methods - 383 incidents.

Of the 514 children referred, 17 died from unexplained injuries.

Legal disposition on death cases referred:

County Attorney and police investigation - 16.

Criminal charges were filed against the alleged perpetrator in the deaths of six children.

CHILD ABUSE REPORT - 2

1 - Perpetrator committed to Anoka State Hospital
2 - Perpetrators found guilty; sentenced to prison
1 - Perpetrator indicted for murder; committed to St. Peter State Hospital
1 - Perpetrator found not guilty of manslaughter but guilty of child neglect and committed to 90 days in the County Workhouse
6 - Insufficient evidence to file charges

Legal action on cases where child was injured but alive (497 children):

355 - no court action of any kind

6 - cases handled by criminal court for prosecution of an adult assaulting a child. All found guilty (1 mother, 2 boyfriends, 1 stepfather, 1 father)

68 - children referred to Juvenile Court on basis of neglect

65 - children found to be neglected and legal custody given to Hennepin County Welfare Department

2 - alleged child-abuse cases were dismissed by Juvenile Court for evidence without foundation

1 - child found to be neglected and parental rights terminated.

Living arrangements of children referred to Child Protective Services as physically abused:

337 - remained at home or returned home from hospital (12 returned home under legal custody of Welfare Department)

35 - placed in foster homes by court order (legal custody of child given to Welfare Department)

60 - placed in foster homes by parents' voluntary consent

65 - placed with relatives by parents' voluntary consent

17 - children deceased

Who allegedly attacked child in number of incidents of abuse reported?

	Previous Years 1963-71	1972	Total
Natural and Adoptive Parents	230	78	308
Stepparents	45	18	63
Nonrelatives	72	25	97
Siblings or other relatives	10	5	15
Unknown	33	5	38
Total Incidents Reported	390	131	521

CHILD ABUSE REPORT - 3

The ages of children physically abused ranged from seven days to sixteen years, with 63% under school age. The ages were as follows:

Under 1	114	
Over 1 - Under 2	62	
Over 2 - Under 3	77	
Over 3 - Under 4	49	
Over 4 - Under 5	24 = 326	(63%)
Over 5 - Under 7	66 = 188	(37%)
Over 7	122 = 514	

Origin of incidents of physically abused children reported since the law was passed:

	Previous Years 7-1-63 - 12-31-70	1971	1972	Total
Neighbors	15	6	19	40
Private physicians	42	16	9	67
Private hospitals	7	2	4	13
Hennepin County General Hospital	90	17	25	132
University Hospitals	1	0	0	1
Police	39	13	28	80
Within agency (other units of HCWD)	11	25	4	40
Relatives	17	23	17	57
Public health nurse	5	0	4	9
School nurse	4	0	1	5
Private nurse	3	0	0	3
School social worker	18	7	7	32
School principal or teacher	3	2	0	5
Other county welfare departments	1	1	0	2
Probation officers	4	1	0	5
Day care mother or nursery school	3	0	4	7
Private welfare agencies	2	0	2	4
Community health care clinics	7	2	7	16
Self-referral (abused child himself)	2	1	0	3
TOTAL	274	116	131	521

Child Abuse	Thru 1968	1969	1970	1971	1972
Children	90	61	68	112	131
Male	54	38	46	70	69
Female	36	23	22	42	62

CHILD ABUSE REPORT - 4

Injuries sustained (one or combination of below):

	Previous Years	1972
Bruises, welts	248	74
Malnutrition	6	--
Burns, scalding	10	8
Abrasions, lacerations	56	14
Wounds, cuts, punctures	24	4
Bone fracture(s)	34	9
Brain damage	7	--
Skull fractures	18	6
Bites	3	3
Exposure	4	--
Hematoma	8	4
Internal injuries	6	1
Attempted dismemberment	1	1
Sprains, dislocations	2	2
Choking, attempted drowning	2	3
Poisoning	1	2
None apparent	13	19
Incest	Not Recorded	5
Other sexual abuse	Not Recorded	9

Prepared for circulation by:
Martin Coyne, Unit Supervisor
Child Protective Services
Hennepin County Welfare Department

CHILD ABUSE REPORT
For 1972
HENNEPIN COUNTY WELFARE DEPARTMENT

ABUSE REPORT: One hundred seventeen children from 102 families were reported as physically abused to the Child Protective Services Program of the Hennepin County Welfare Department in 1972. Fourteen children from 13 families were referred on suspected sexual abuse for the same period.

The extent of the abuse was classified as follows:

Battered-Child Syndrome (repetitive trauma)	2
Physical Abuse - Severe (one time)	16
Physical Abuse - Moderate	96

Injuries to a child resulted in three deaths. Of these three deaths, one child's death was determined to be crib death. Another child was severely beaten in another county, died in a Hennepin County hospital, and the natural father was indicted for 3rd Degree Murder. A third child died after having been allegedly beaten by her teenage mother. Though police investigated this death, they were unable to find sufficient evidence to refer for prosecution.

The kinds of specific injuries the children suffered most were:

Bruises, welts, abrasions, lacerations, bone fractures.

Birth status of the children was identified as:

legitimate	65%
illegitimate	21%
unknown	14%

Ordinal position of the injured child in the family was:

Oldest Child	28%
Second Child	32%
Third Child	36%
Fourth Child	1%
Fifth Child	1%
Sixth Child, or older	2%

Most frequent primary referral source:

Relatives, friends, and neighbors were our most frequent referral source with 37. Hospitals and clinics were next most frequent in their referrals with 36. Police referrals were third with 28, and school/child care facilities fourth with 12. Many of these were subsequently referred to Hennepin County General Hospital. The sources of referral in 1972 indicate more frequent referral by those witnessing child abuse, rather than the subsequent sources such as doctors, hospitals, police, etc. This is indicative of growing community awareness of child abuse and how to appropriately respond when it is encountered. We trust that agency efforts to educate the citizenry through publications and public speaking has enhanced community awareness.

Initial Referral Sources:

Private Physician	9	7%
Hospitals and Clinics	36	28%
Police	28	21%
Public Social Agency	4	3%
Private Social Agency	2	2%
School/Child Care Facility	12	9%
Public Health Nurses	3	2%
Relatives, Friends, Neighbors	37	28%

Perpetrators of child abuse:

Natural Parent	74	56%
Adopting Parent	4	3%
Step Parent	18	14%
Foster Parent	1	1%
Other Relatives	5	4%
Non-Relatives	24	18%
Unknown	5	4%

Characteristics and facts about the perpetrators of child abuse:

Ages:

21 and under	17	13%
22 to 25	20	15%
26 to 30	38	29%
31 to 40	33	25%
41 and older	18	14%
Unknown	5	4%

Sex:

Male	72%
Female	28%

Race:

White	100	76%
Negro	17	13%
Indian	8	6%
Yellow	1	1%
Unknown	5	4%

Marital Status:

Single	22	17%
Married	65	50%
Divorced	23	18%
Widowed	--	--
Separated	10	7%
Unknown	11	8%

Perpetrator involved in child abuse before: (Reported or Admitted)

No	69	53%
Yes	24	18%
Unknown	38	29%

CHILD ABUSE REPORT - 3

Characteristics of the family of the abused child:

Family Life Style:

Violent	4	3%
Severe disorder	29	22%
Moderate disorders	56	43%
Mild dysfunctioning	18	20%
Good	9	7%
Unknown	7	5%

Family Income:

Under $3,000	12	9%
$3,001 - $6,000	28	22%
$6,001 - $10,000	22	17%
Over $10,000	15	11%
Public Assistance	54	41%

Other Commentaries:

The reports of child abuse which came to Child Protective Services of the Hennepin County Welfare Department constitute well over 50% of all such cases reported to 26 of the 87 county welfare departments in our state.

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Martin Coyne - Unit Supervisor
Child Protective Services
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NEW YORK STATE ASSEMBLY
Perry B. Duryea, Jr., Speaker

Report of the Select Committee on Child Abuse

April, 1972

Assemblyman Peter J. Costigan
Chairman, 1972 to date

Hon. Alfred D. Lerner
Chairman, 1969-1971

Assemblyman Edward F. Crawford
Assemblyman Alfred A. DelliBovi

Douglas J. Besharov
Executive Director

I appreciate the opportunity to testify here, because the work of this committee is of crucial importance not only to children but to every man and woman in this city and state. Maltreatment of children is a hurt to all citizens, not only because of their compassion for the young and weak but also from the standpoint of their own self-interest. "Crime in the streets" is a central concern--and the root of crime in the streets is neglect of children.

--Judge Nanette Dembitz of the
New York City Family Court, testifying
at the December 7th hearing of the
Select Committee on Child Abuse.

It has been estimated that at least 700 children are killed every year in this country by their parents or surrogates. Last year the New York State Central Registry reported 64 deaths, attributable to suspected parental maltreatment. In New York State, the Medical Examiner's Office reported 48 child homicides of which 50% did not appear in the Registry. Furthermore, 150 children's deaths were attributed to a party other than the parent, bringing the total number of deaths due to probable abuse up to approximately 200 in New York City, alone. And this figure is most likely a good reflection of true incidence.

Thousands of other children in the State are permanently injured, both physically and mentally.

A great deal of evidence suggests that hard core criminals and murderers in our society were formerly battered and abused as children. Hence child abuse is not only a time limited phenomenon, to be seen as an age-specific social problem, directly reflected in yearly statistical reports, but it is a dynamic phenomenon, both the cause and effect of a cyclical pattern of violence, indirectly reflected in all other statistics on crime. Child abuse means social disorganization.

Vincent J. Fontana, M.D.,
Director of Pediatrics,
St. Vincent's Hospital in
New York City and Special
Consultant to the Select
Committee on Child Abuse.

FOREWARD

Assembly Speaker Perry B. Duryea appointed the Select Committee on Child Abuse in 1969 after the death of a small girl brought the existing child protective system to the attention of the public and the Legislature.

Under the leadership of Speaker Duryea, this Committee continued its work long after child abuse left the front pages of public consciousness. These last three years have been productive ones for the Committee.

In 1969, this Committee was responding to the seeming breakdown in the investigation and adjudication of child abuse cases. At that time, the Committee drafted and the Legislature unanimously passed a new Article 10 of the Family Court Act (Chapter 264 of the Laws of 1969), which the popular press called the "Children's Bill of Rights."

The Committee had found no centralized responsibility for the investigation of cases and the delivery of child protective services, inappropriate and cumbersome court procedures--and their tragic consequences. (See, *e.g.*, *The Report of the Judiciary Relations Committee on the Handling of the Roxanne Felumero Case*, Appellate Division of the First Department, June 19, 1969) Therefore, a separate "Child Abuse" Part was established in the Family Court for the expeditious and expert handling of child abuse cases, child abuse being what was formerly considered aggravated neglect cases under Article 3. (§ 1013). Parental narcotic addiction was also included within the definition of child abuse because of the close connection between such addiction and serious or aggravated neglect of young children. (§ 1012). In addition, the legislation improved reporting techniques. (§ 1018, 1023, and 1024). It also substituted the Police Attorney within the City of New York, and the appropriate District Attorney, outside the City of New York, for the Law Guardian as representative of the child. (§ 1016). The Police Attorney in the Family Court was also charged with the duty to "assist in the disposition of all (child abuse) proceedings" [§ 1013 (2)] and was given the authority to file petitions [§ 1014 (2)]. Hence, the role of the Police Attorney was more active than the Law Guardian's in the presentation of evidence to the Court. In fact, the Assistant Corporation Counsels, fulfilling the role of Police Attorney in the City of New York, frequently presented the entire case in support of the petition when required by the child's interest.

Unfortunately, because of the emergent situation, these far reaching innovations were incorporated into the Family Court Act by the inclusion of a new Article 10 which provided only a skeletal outline of procedures. Hence, a number of questions and difficulties arose in the application of the Act. [See, e.g., Matter of Three "John" Children, 61 Misc. 2d. 347, 306 New York State 2d 797 (Family Court, New York County 1969); Committee on the Family Court and Family Law, "The Enactment of the Abused Child Law and Committee findings as to Defects in the Law," Record of the Association of the Bar of the City of New York, Vol. 24, No. 6, p. 347, (June 1969); Comment, "New York's Child Abuse Laws: Inadequacies in the Present Statutory Structure," 55 Cornell L. Rev. 298 (1970); Honorable Nanette Dembitz, "Child Abuse and the Law -- Fact and Fiction," Record of the Association of the Bar of the City of New York, Vol. 24, No. 9 P. 613 (Dec. 1969).]

Therefore, in 1970 this Committee proposed supplementary legislation suggested primarily by the experience of the New York City Corporation Counsel in representing over seven hundred children under the new child abuse procedures of Article 10. (Chapter 962 of the Laws of 1970). These changes substantially fleshed out the provisions of Article 10 while at the same time resolving some of the difficulties encountered under its application.

Essentially, the Family Court Act was amended to consolidate and coordinate child protective proceedings by combining the child neglect provisions of Article 3 with the child abuse provisions of Article 10. This was a recognition of the advantages of considering together abuse and neglect allegations. In addition, the definitions of child abuse and neglect were modified, further procedures for the protection of children were added, and certain common law rules of evidence were altered to reflect the nature and requirements of child protective proceedings. The aim was to make the Family Court process of adjudication rational, efficient and sound.

The final bill was the result of joint consultations of this Committee with Judges of the Family Court, the New York State Judicial Conference, the Appellate Division of the Supreme Court (First and Second Departments), the New York Society For the Prevention of Cruelty to Children, the Community Service Society, the Association of the Bar of the City of New York, the New York City Task Force on Child Abuse and Neglect, and the New York City Corporation Counsel.

Although some of the provisions of the final bill did not enjoy the unqualified support of all those connected with its drafting, the final document represented a consensus of what was considered the best means to help assure the protection of abused and neglected children while providing procedural and substantive fairness to the parents.

Both the Columbia Journal of Law and Social Problems (7 Col. J of L. & S. P. 51 (1971)) and the University of Buffalo

Law Review (1971 Buff. L. Rev. 561 (1971) commented favorably on Article 10. The Columbia article concluded:

> New York's child abuse provisions are well designed to handle the practical problems which normally arise in such proceedings. The Legislature's acknowledgement of sociological studies and the evidentiary problems facing the Family Court is to be commended. (7 Col. J. of L. and S. P. 51,73 (1971).

Speaker Duryea appointed two experts to the Staff of the Committee in August 1971 to assist in the Committee's continuing investigation of child abuse in New York State: Mr. Douglas J. Besharov, as Executive Director, who then was chief prosecutor of child abuse cases for the New York City Corporation Counsel and who had worked with members of the Select Committee in drafting the Child Bill of Rights in 1969-70, and Dr. Theo Solomon as Deputy Director, who had been Principle Investigator for the New York City Task Force on Child Abuse and Neglect. They have utilized their experience to assist the Committee in meeting its mandate.

Assemblyman Edward F. Crawford, Chairman of the Assembly Judiciary Committee, since the creation of the Committee in 1969 has provided advice and assistance in many areas, especially those concerning the legal and court issues involved in child abuse. Assemblyman Alfred A. Delli Bovi, the new member of the Committee, in addition to bringing his experience as an educator to our deliberations has acted as administrative expediter.

From its investigation, this Committee is convinced that the existing child protective system too often fails to protect the safety and well-being of children and that this failure has enormous consequences to the safety of our society. This report, and the legislative proposals that follow, seek to correct the most flagrant weaknesses found in the child protection system. Because we believe these weaknesses symptomatic of deep-seated and continuing problems, we have also proposed the establishment of means whereby the people and the Legislature can continually assess and improve the quality of services provided for children.

Hon. Alfred D. Lerner
Chairman, 1969-71

Hon. Peter J. Costigan
Chairman, 1972-to date

PREFACE

Since Speaker Duryea's renewed direction to the Committee in August of 1971, information concerning the problem of child abuse in New York State has been obtained through public hearings in Albany, Syracuse, Rochester, Mineola and New York City, and on site inspections of child caring institutions and Family Courts. Members and staff of the Committee have also held extensive discussions with a large number of Family Court judges, attorneys, child welfare professionals and families in trouble, the "consumers" of child welfare services.

In addition, the child abuse fatality study, although still in progress, exposed the Committee to the operations and problems of child protection in New York State. Committee staff, coordinated by Miss Jill Schaeffer and Miss Caren Deane, are examining in depth each suspected child abuse fatality in the State of New York in 1971 for the purpose of discerning areas of recurring difficulty or inadequacy. We wish to acknowledge the assistance that was provided in this study by the office of Mrs. Barbara Blum, Deputy Administrator, New York City Human Resources Administration.

Another means by which the Committee has become acquainted with the day to day operations of the child protective complex has been in the investigation of numerous complaints received by the Committee concerning problems with the system. The backbone of this important and time consuming work was performed by a corps of law students from New York University School of Law. Gerald Ferguson, Beverly Dorman, Ellen Thomas, Anthony Berk, Gary Matsko, and Dolores Lanoire acted as informal child guardians as they fulfilled their ombudsman - like role.

Perhaps no single aspect of the Committee's activities so far has been as gratifying as the response of citizens to our efforts. At this time we wish to thank all of those who have volunteered their energies to the service of children. When Speaker Duryea announced the renewed mandate of the Committee in August of 1971, the Committee received over seventy-five calls and letters from people all over the state offering their help. Some of the volunteers generously offered to perform the many clerical and secretarial tasks necessary for the Committee to conduct its activities. Others were referred to child caring agencies to work directly with abused children and their families. We especially want to thank Miss Joan Moran and Mrs. Rita Smith for their time and energy.

The work of the Committee was considerably enhanced by the assistance of many persons who gave of their time without reimbursement in salary or expenses. Dr. Vincent J. Fontana, Chairman of the New York City Task Force on Child Abuse and Neglect, as a Special Consultant to the Committee, provided advice and guidance to the Committee based upon his broad experience in combating child abuse in the New York City area. Mr. Leonard C. Koldin, Onondaga County Welfare Attorney, acting as a Special Consultant to this Committee has been extremely helpful in assisting us to evaluate the problems of child protection and of the family court in his area of the state. His dedication, forcefulness and depth of experience have been invaluable to the Committee. Mrs. Gertrude M. Bacon, a former judge of the Family Court in New York City, has given generously of her time and energies to act as liason between the Committee and her former colleagues on the New York City bench. She undertook a special fact-finding trip to Colorado and California to report on efforts there to rehabilitate abusing parents. Currently she is devoting her full efforts to the establishment of the first abusing parents anonymous in the State. The Committee hopes her project will serve as a model to others in the State. In addition, the Committee has two social workers with Masters degrees and with wide clinical experience serving as Social Work Consultants; Mrs. Ann Marie O'Neal and Mrs. Susan A. Besharov. They have assisted in our study of the problems related to the wide use of foster care in child welfare and the establishment of family oriented child welfare services. Susan Besharov did the original work on the sections of the report dealing with rehabilitation and foster care. Miss Caren Deane, a student intern from Columbia University, assisted in the preparation of materials for this report concerning the inclusion of non-criminal misbehavior within child protective proceedings.

This report deals, to a great extent, with the problem of providing rehabilitative services for abusing parents. Because of the significance the Committee placed on the dearth of such services, Dr. Theo Solomon has devoted himself to studying the modalities of the treatment and to encouraging the development of rehabilitative programs. His report, "Mental Health Services and Child Abuse -- A Plan For Action," was deemed so important that it was included as a separate appendix to this report.

No man more closely epitimized the spirit of deep concern for the well-being of children supported by an understanding drawn from broad experience and scholarship than Jacob L. Isaacs. He was a model to us all in receptivity to different points of view, in courteous but forceful dispute, and in reconciliation of conflicts. His loss came at a critical time in the Committee's deliberations. Jack Isaacs' approach to the welfare of children was an inspiration to this report and legislation, but his direct assistance was sorely missed as it will be in the years to come.

The staff of the Committee wishes to thank the Committee members, and especially its two chairmen, for their support and encouragement. The Committee's work schedule these last eight months has been arduous and time consuming. The time and patience they showed to a new staff is especially appreciated.

D.J.B.

x

INTRODUCTION

To deny that child abuse is in part a consequence and symptom of broad societal and cultural problems sweeping the nation, of the brutality and violence of our age, and, to an extent, of poverty, is to deny reality.

This Committee has heard testimony by professionals that the condition of poverty is by no means the sole cause of parental abuse or neglect and that most children of even the very poor are neither abused nor neglected, as we use the term. They did, however, advise the Committee that poverty can make it more difficult for a borderline parent to cope with the pressures of raising a child (See, e.g., testimony of Arthur Green, M.D., New York City, December 8, 1971).

The Committee, therefore, desires to point out that its proposals relate to child abuse only after the fact, rather than on the primary, preventative level. That issue was felt to be beyond the scope and present staffing of the Committee; nevertheless, the Committee did not wish to publish a report on child abuse without urging that consideration be given to a coordinated family service delivery system which would prevent child abuse, emotional disturbance, nutritional deficiencies and the whole array of mental and physical ills which afflict children and which derive from many of the same causes.

In early 1972, a detailed study of the 54 child fatalities in New York City suspected to be the result of parental abuse or maltreatment was performed for the New York City Task Force on Child Abuse and Neglect by the office of Mrs. Barbara Blum, Deputy

Administrator of the Human Resources Administration. The study revealed that:

> more than half of these families were known to social service agencies prior to the death of the child and that eight cases were known to various sections of the Bureau of Child Welfare. One case was being serviced by child protective service at the time of death, and six cases had been closed in the Child Protective Service prior to time of death. The study has extremely important implications for determining the future of Child Protective Services. (N.Y. Times, 2/14/72, p. 58, col. 3, N.Y. Daily News, 2/14/72, p. 10, col. 1)

We now know that thirty-nine of these families were known to other agencies prior to the child's death and another nine were known to the Bureau of Child Welfare at the time of death. Bureau of Child Welfare records indicate that in at least seven of the thirty-nine cases, the other agency had prior knowledge that a situation of abuse or neglect existed or that something was wrong in the family, but did not report it. Though actively involved with the family, they did not report the child's situation to the Bureau of Child Welfare.

Our own study of these deaths and the deaths outside New York City, not yet completed, together with the hearings and investigations we have held, convince the Committee that the problems of inadequate child protective measures are state-wide in scope. In the care and protection provided for its children, no community can escape criticism.

We are led to the melancholy conclusion that if our child protection system had functioned properly, many of these children would be alive today. This finding is disclosed with great reluctance, but only if the sad inadequacies of the system are revealed can we lay the foundation for changes designed to prevent tragedies of this kind in the future.

Though New York State seems to have the most comprehensive legislative treatment for the adjudication of child abuse and neglect in the Nation, this Committee concludes as do most responsible people in the field, that children who are in danger still receive inadequate protection and limited benefit from the myriad of expensive programs now in existence in New York State.

During the Committee's investigation, we repeatedly came upon situations that reflected the inadequacy of care to children in the broadest sense. For example, the study of suspected child abuse fatalities, still in progress, raises questions about the efficiency of the Aid to Dependent Children welfare grant in providing protection and care for children. The purpose of the ADC grant is to maintain -- not adults -- but children. In the fatality cases that involved families on welfare, the ADC grant obviously did not ensure the survival of the child. The grant was used for other things, especially in cases where the children died of starvation, and it did not prevent situations of neglect or abuse from claiming the life of the child. With the new reorganization of the Department of Social Services, caseworkers will no longer make periodic visits to the home of ADC families to determine if the children are healthy and protected.

In at least 20% of the cases so far surveyed, the Public Assistance case was fraudulent because the husband or father, whom the mother had claimed deserted her, was living in the home and working. In one case, the man also had a case in the same Center as the mother and was receiving full rent on his budget, with the mother named in his case record as the landlord. In another case, where a child died of starvation, both parents were addicts, though the Department of Social Services apparently did not know, and the refrigerator was empty while

$40.00 in unused food stamps and three uncashed Public Assistance checks in the man's name were in the apartment.

The case of Joseph C., is typical in regard to the dreadful inadequacies we have found:

> Early one January morning of 1971, the Police received a call from the neighbors of Jane C. reporting that a cloud of steam was escaping from her apartment. The police found an open hot water faucet and the apartment flooded. They discovered, also, two children sleeping alone without any adult in the apartment. After shutting off the water, the policemen left, and the Department of Social Services report implies that the police did not examine the condition of the sleeping children and did not report that they were left alone. The landlord came in to clean up the mess. Five hours later Miss C. returned with a man and then called her mother to report that she was in trouble. Her mother and aunt found Joseph dead in the apartment, and as they were calling the police, Miss C. left in a taxi cab. Joseph, seven months old, had been dead of starvation for about twelve hours. His sister was suffering from dehydration and malnutrition.
>
> The Department of Social Services had an active public assistance case for Miss C. and her children at the time. She had been receiving Public Assistance on and off since early 1969, when she applied with the father of her children because he was unemployed. He later began receiving unemployment insurance and then found a job; the case was closed. But six months later, Miss C. applied for herself and her children, reporting that the father, to whom she was not married, had left her, that he drank and abused her. Miss C. told the Department of Social Services that she did not know where he was living, and the Department of Social Services had not located him. After Joseph died, the father reported that he left Miss C. because of her drinking and behavior, which apparently was promiscuous, and stated that he wanted to take the children from her. A Department of Social Service caseworker had seen clinic cards for the children in 1969 and 1970 before Joseph was born. The last contact the Department of Social Services worker had with Miss C. was during a home visit six days before the child died. The record indicates that Joseph "appeared small and thin but the mother said he was a premature baby." She told the worker that she took Joseph to a hospital clinic, and the worker accepted her explanation, apparently without verification. On the Department of Social Services record she indicated no sign of neglect or abuse and that the children "seemed well-cared for."

> *According to her family, Miss C. had been an alcoholic for the last 15 years since she was 13, and had tried to abort Joseph, and may have tried to abort the other births. There is no indication in the record of any of the hospitals or clinics that attended to Miss C. during her four pregnancies ever detected her alcoholism or questioned her ability to care for children.*
>
> *The Department of Social Services indicates that Miss C.'s mother and aunt were aware at least as early as September, 1970, that she was leaving her children alone, not taking care of them, and becoming increasingly disoriented through her drinking. The aunt reported attempting to contact a mental health station when she discovered the children alone but giving up when she got a "run around." These relatives told the Department of Social Services worker that they had not reported the mother's abandonment to the police or the Department of Social Services at that time because "a family finds it hard to report one's own." The Department of Social Services placed Joseph's three surviving brothers and sisters with Miss C.'s mother and aunt. The placement was not formal and the matter was not referred to the Family Court.*

Although generalizations about 62 separate counties can be tenuous, it is fair to say that we have found a pervasive inability on the part of child care agencies to respond both programmatically and administratively to the needs of the children they are meant to serve. We have found that New York State has an expensive, mismanaged or unmanageable child welfare system that only imperfectly fulfills the important child protective responsibilities given it.

According to the conventional wisdom, the failure of our institutions is caused by a dreadful lack of facilities, of social workers, of judges, of shelters, of probation workers, and of all sorts of rehabilitative social and psychiatric services. Undoubtedly, if we poured more millions of dollars into existing programs the picture would be less bleak. But this Committee has become convinced that existing facilities and services, if properly utilized, could go a long way toward filling the need for service. In fact, we believe that unless existing services are first put in order, additional sums of money could not be properly utilized. Nowhere is this more sadly in evidence than in the complete failure of the State Department of Social Services to fulfill its legislatively mandated responsibilities to plan, supervise and administer child protective programs.

Forceful direction is needed to coordinate and channel existing child welfare services in a manner more beneficial to the children they are meant to serve. The Legislature can provide that leadership, in cooperation with the Executive, by developing, the guidelines and framework for better child welfare services. It is no longer adequate for the Legislature merely to respond passively to the recommendations of others who may have a vested interest in the _status quo._ Neither is it adequate for the Legislature to be forced to respond in an _ad hoc_ manner to crisis situations, as it did two years ago in relation to Child Abuse proceedings in the Family Court.

Under existing programs, too many children suffer further injury and mistreatment after coming to the attention of the authorities. Our hearings have disclosed that child abuse is carried from one generation to another; that today's abused children are the abusing parents of the future. Thus, unless the cycle is broken, there is a recurring and continuing family heritage of abuse. (As one commentator has said, "Preventing neglect and battering depends in the long run on preventing transmission of the kind of social deprivation which takes children's lives, damages their physical health, and retards their minds, and which contributes through those who survive to a rising population of next generation parents who will not be able to nurture children." Morris, Gould and Mathews, "Towards Prevention of Child Abuse," _Children_ 60 (1965).)

Too many children progress further down the road of criminality after contact with the law enforcement process. If an abused child survives into adolescence he will likely become an enemy of society as well as its victim. This vicious cycle must be broken. The Committee's hearings have also disclosed that the abuse of children, whether it be by parents or institutions, turns the abused child inward and toward agression, violence and criminalization. (See, e.g., testimony of Arthur H. Green, M.D. and Shervert Frazier, M.D., New York City, December 8, 1971). In today's era of increasing violence and rising crime rates, child maltreatment must be recognized as a major contributing factor. In the words of Judge Nanette Dembitz of the New York City Family Court:

> A child growing up with an alcoholic mother and a violent man in the house, a child spending his formative years with a paranoic mother who keeps him for days at a time in her room for her protection against attack by a television character (as you know, paranoids have bizarre symptoms), a child shuttled by a narcotics-addicted mother, when she is periodically detoxified or jailed to a narcotic-pusher neighbor (and I am referring to actual children who finally after years of such neglect were brought to the Family Court -- you can inspect the records and see that my descriptions are under rather than over-statements), crime in the streets from these roots is to be expected -- it is not surprising. A child growing up in a situation of indifference to his well being and violence cannot respect himself or others. It is as natural for a maltreated child to grow up to carry a knife as it is for a loved and cared-for child to carry a pen or pencil.
>
> The child who at the age of 15 is using a knife and is brought before the Family Court as a juvenile delinquent for a mugging, like the child carrying a pen or pencil, is a child who was born with normal endowment and potential. To paraphrase the Illinois Commissioner of Welfare, his crime really was that he was foolish enough to be born to a narcotics-addicted, alcoholic, semi-psychotic, or otherwise neglectful mother. (New York City Hearing December 7, 1971, p. 1)

There is an urgent and largely unmet need to help and treat such children before they turn to violence and agression.

Although our findings and recommendations indicate that our child protection system has grave deficiencies, it has not been our purpose to allocate blame. The deficiencies we have found relate to inadequate administration and systems management in a child protection complex that may well be unmanageable as presently organized. But there is no reason why, if reorganized and properly administered, we cannot provide for the children of New York State a protective system to which they are entitled.

This Committee's investigation has disclosed a number of promising developments: a federal grant to implement the recommendations of the New York City Task Force on Child Abuse and Neglect; the formation of citizens groups in Binghamton and Syracuse; experimental programs at Rochester's Strong Memorial Hospital and New York Foundling Hospital. These and other developments demonstrate what can be done with local citizen support to improve services to children.

Much of what is said in this report, others have said before; many of the recommendations made, have also been made by others. We acknowledge the work of all those who have gone before. That the inadequacies we have found have been known for years and that solutions were proposed for them years ago, suggests not only that the changes the Committee propose are long overdue, but that there is something terribly wrong with a system that fails to correct its own obvious shortcomings.

In its first two years, the Committee proceeded under the assumption that if child protective agencies were given the legal tools with which to protect children, children would be protected. But we have seen that New York's laws, the most comprehensive in the Nation, have not been enough. We have striven not to interject the Committee and the Legislature into administrative affairs. Instead

SUMMARY AND RECOMMENDATIONS

The Select Committee on Child Abuse views with alarm the seeming inability of child protective agencies to deal with the rise in child maltreatment in New York State. The recognition, reporting, investigation and treatment of child abuse must be accorded a priority in our child welfare system which it does now not receive.

The Committee makes the following findings and recommendations:

our proposals seek to reorient and focus the accountability and planning responsibilities of child welfare officials in an attempt to compel the system to respond on its own to administrative and programmatic needs.

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PROGRESS REPORT

DECEMBER 1972

PROJECT ON CHILD ABUSE AND NEGLECT

NEW YORK CITY

Staff of the project have continued to make considerable progress in implementing the recommendations of the Mayor's Task Force on Child Abuse and Neglect. Efforts continue in all four major areas of interest to project staff:

(1) protective service operations
(2) child placement services
(3) mental health programming
(4) education of professionals

I PROTECTIVE SERVICE OPERATIONS

CENTRALIZATION OF THE CHILD PROTECTIVE FUNCTION

From the outset, project staff have recognized the importance of developing a comprehensive service program in which responsibility for all reported child abuse and neglect cases is clearly established. The development of child protective services in the City of New York, as noted in earlier reports, has been characterized by a complex system of case assignment often dependent on such factors as source of family income, nature of maltreatment, source of complaint and agency to whom complaint was initially directed. Responsibility for investigation and provision of service was often delegated to public and private agencies on the basis of superficial distinctions, definitions and considerations.

Effective January 1, 1973, the Special Services for Children Program will assume responsibility for every case of child abuse and neglect reported to the Central Registry. All newly reported cases will be registered and referred to the appropriate borough office where it will be assigned to a child welfare specialist.

No longer will cases be referred to local Social Service Centers for follow-up. Project staff view this transfer of service responsibility as a highly significant step in the direction of developing a quality program of Child Protective Services. The achievement was made possible largely on the basis of successful efforts to accomplish the transfer of fifty-three caseworkers from the Bureau of Public Assistance to Special Services for Children. Many of the fifty-three workers have experience in Child Protective Services and will immediately make a significant contribution in efforts directed at serving abused and neglected children and their families.

In addition to the fifty-three caseworkers, it is anticipated that proportional supervisory, administrative and clerical support staff will also be transferred to Special Services for Children. Project staff has been actively involved in all aspects and phases of the transfer including administrative discussions, union negotiations, staff assignments, etc. Continued efforts will be required in terms of detailing interim and long term procedures for staff and case transfer. During the early months of the transfer of service responsibility, project staff will be closely monitoring and evaluating progress as well as the effects of the transfer.

XEROX TELECOPIER COMMUNICATIONS SYSTEM

As noted in earlier reports, project staff have been actively engaged in introducing a system of improved communication between the Central Registry and the Child Protective Service sections in each of the borough offices.

We can report that the Xerox Telecopier system has been accepted and approved by the Department and has been completely installed in each work location. Photocopied reports of child abuse and neglect received by the Central Registry are transmitted instantaneously via telephone lines to each of the borough offices allowing for immediate assignment to a field unit for emergency investigation. The introduction of this innovative communication system has vastly improved and speeded-up the process of case assignment and investigation. Further, case-workers in the Central Registry office, freed from the clerical tasks of verbally dictating referrals, are now able to devote more time to social service functions.

COURT LIAISON STAFF

On the basis of recommendations included in the Task Force report, project staff has established the development of a court liaison position as a definite priority. Operational staff within Special Services for Children have long had difficulty in the Family Court experience related specifically to long delays, frequent postponement, days wasted in court, etc.

Project staff, in consultation with operational staff on all levels, has developed a proposed outline of job responsibilities for a Family Court liaison worker. This proposal will be discussed with administrative staff in Special Services for Children and if approved, with representatives of the Family Court including judicial and probation personnel. The establishment of a court liaison position will, in the view of project staff, resolve many of the problems experienced by casework and legal staff in the Family Court.

CHILD ABUSE AND NEGLECT INFORMATION SYSTEM

Project staff has been closely involved in the on-going development of the CANIS operation. This involvement has consisted of participation in administrative program planning sessions as well as in areas of training and problem solving.

As noted in earlier reports, the CANIS system is operational and printouts are available. However it is apparent that the data is incomplete and somewhat inaccurate. Efforts are underway to retrieve missing or incomplete information and to improve the accuracy of available data. This will require training of all levels of staff who will be involved with the system.

It is hoped that CANIS will soon be able to provide those in the field with information concerning distributions, prevalence, the need for services, etc.

LEGISLATION AND THE NEW YORK STATE ASSEMBLY SELECT COMMITTEE ON CHILD ABUSE

Project staff have been very actively involved in working with the State Committee in developing proposals for legislation in the area of Child Abuse and Neglect. During the last session of the New York State Legislature in Albany, a series of five major bills were introduced pertaining to child maltreatment. Two of the bills were passed, one was killed and two vetoed by the Governor.

Project staff has been working closely with Legislative Sub-Committees of the Interagency Council on Child Welfare and the Mayor's Task Force on Child Abuse and Neglect. These sub-committees have been carefully reviewing existing and proposed legislation and have been making very specific recommendations for change and improvement. Both sub-committees and project staff have met with the Executive Director of the Assembly Committee and have received assurances that the recommendations of these groups will be taken into consideration in the drafting of new legislation.

Project staff has also been involved in the implementation of programs, policies and procedures brought about by passage of legislation.

Effective in 1972, Peace Officers were mandated by law to report child abuse and maltreatment. Project staff have been involved in interdepartmental meetings with Police Officials and are now beginning to focus on the Office of Probation. It has been essential to develop interagency relationships, communication and cooperation, so that a coordinated approach to the problem can be accomplished. With the development of interagency procedures, we have already noted a marked increase in the number of referrals initiated by the Police Department.

Project staff plan to continue to work closely with the New York State Assembly Select Committee.

MAYORS TASK FORCE ON CHILD ABUSE AND NEGLECT

The Mayor's Task Force has maintained an active interest in programs and planning. Project staff have served as a liaison between the Task Force and operations. As indicated above, the Task Force has had particular interest in legislation and will soon be focusing on the problem of addicted parents and their children.

In liaison capacity, project staff have supplied data to the Task Force reflecting services, policies, procedures, etc. Project staff attend all Task Force sessions, contributing to the discussions and making recommendations for Task Force involvement and action.

COMMUNITY SOCIAL SERVICES

The project staff have continued to be actively involved in planning for the development of Community Social Service. The proposal for interrelationships between Special Services for Children and Community Social Services in regard to child welfare services is still being evaluated. Project staff will be closely involved in reviewing procedures that are developed particularly in regard to Child Protective Services, and will be making specific recommendations as joint planning continues.

CHILD PROTECTIVE SERVICE PROCEDURE

The present departmental procedure in regard to Child Protective Services is being up-dated and revised. Project staff will be playing an active role in the complex and laborious task of developing operational procedures in the months ahead.

FATALITY STUDY

The study of children who died as a result of suspected parental maltreatment continued for the calendar year 1972. While the results are not yet complete, the number of cases reported to the Central Registry will be about the same as in 1971.

There has been greater recognition of the need to report fatality cases by doctors and the medical examiner. Again, while reports received remain essentially the same as during the previous year, fewer cases have gone unreported.

The fatality report should be available shortly and will be attached to a subsequent progress report. Each case record involving a fatality will be reviewed in an attempt to discover whether a possible breakdown in service delivery may have contributed to the tragedy in some way. The case review will be particularly important in thinking through recommendations that might help to prevent future fatality occurrences.

II CHILD PLACEMENT

BOARDER BABY PROJECT

The problem of boarder babies in hospitals has been viewed as a high priority matter because of the financial expense of caring for a child in a hospital for longer than necessary. More important is the emotional damage suffered by these children who remain in institutional hospital settings for long periods.

These children receive little love and attention and are constantly exposed to other children with serious illness, often of a contageous nature.

Project staff have participated in all meetings of the Boarder Baby Project, have been and will continue to monitor the scope of the problem and will make recommendations where appropriate. The problem is particularly relavant to the abused and neglected infants and children who by nature of their emotional and physical condition are often difficult to place in foster home settings.

There has been a significant decrease in the number of boarding children as presently defined, although problems continue to exist in specific instances.

NEW YORK FOUNDLING HOSPITAL WITHDRAWAL BABY PROJECT

With regard to this project, which is still in a developmental planning phase, project staff have worked closely with several agencies. Discussions have been conducted between Special Services for Children, Addiction Services Agency, Child Care Agencies and hospitals.

Recent efforts have been directed at arranging training for staff, developing procedures for referral, program planning, etc. It appears that the program will soon be operational. When this occurs, it is expected that the boarder baby problem discussed above will be substantially reduced, in that many of the babies defined as boarders are infants born to addicted mothers. Early transfer of these withdrawal infants from hospitals to the Foundling program will be an immediate effect.

NEW YORK FOUNDLING HOSPITAL TEMPORARY SHELTER PROGRAM

The Temporary Shelter Program for abusing parents and their children is now operational, with three mothers and their children in residential care. Response to the program has been highly positive, however appropriate referrals have been slow.

Project staff will be actively involved in stimulating and encouraging interest and referral. Meetings between the Shelter Program Administrators and Special Services for Children operational staff have been planned. There appears to be a need for greater interagency communication and perhaps direct efforts by project staff in case finding attempts.

Referrals by hospitals and the Family Court are to be strongly encouraged in the months to come. Further, the Shelter Program is expanding to provide out-patient social and psychiatric services to abusing parents.

VOLUNTARY CHILD CARE AGENCIES

The voluntary child care agencies are very much interested in and concerned about the importance of developing programs responsive to the needs of abused and neglected children. Several meetings have been held with representatives of the voluntary agencies to discuss their possible involvement in the work of the Child Abuse and Neglect Project. Project staff will maintain contact with the voluntary agencies, keeping them up to date on progress and enlisting their aid, cooperation and participation when possible and appropriate.

DAY CARE PROGRAMMING

Project staff have been meeting with the Addiction Services Agency and the Agency for Child Development to discuss the possibility of establishing a children's day care center program as part of a multi-service approach to the treatment of drug addicted mothers. The Day Care Center would provide for such critical elements as immediate availability and flexibility of operational hours.

Project staff is in the process of preparing a comprehensive proposal which would then be forwarded for review to other interested agencies.

EXPANSION OF HOMEMAKER SERVICE

Closely tied to the child placement programs is the need to develop expanded homemaking services which often can prevent the need for placement.

Project staff has been involved in designing and developing two programs which include the use of homemakers. Planning for these projects is nearing completion in that budgets and research plans have already been drafted. The Association for Homemaker Services is expected to provide the homemaking personnel.

The Downstate Medical Center plan to use homemakers in a lay-surrogate mother capacity is still in the planning stages, with a real possibility of using previously trained workers (under H.E.W. funding).

Hopefully the two projects can get underway in the near future.

III MENTAL HEALTH PROGRAMMING

MOTT HAVEN MENTAL HEALTH CLINIC

In joint cooperation with the Bronx Office of Special Services for Children, the Mott Haven Mental Clinic has begun a group treatment program for abusing mothers. The group treatment approach is combined with individual casework treatment provided by Child Protective Service workers.

Several mothers have already become involved in the group treatment and plans are underway to expand the size of the group. Office space at the Mott Haven Clinic will be utilized. The Association for Homemaker Services is interested in making homemakers available as part of the multi-service, multi-disciplinary comprehensive approach.

A project staff member is co-leading the group treatment sessions.

DOWNSTATE MEDICAL CENTER

The Downstate Medical Center recently completed an extensive research project designed to determine the effects of abuse and neglect on the emotional, psychological and psychiatric development of the child.

The psychiatrist who conducted the research has developed a psychiatric out-patient treatment program for both parents and children. A group therapy program is also being considered and a project staff member may also be involved as a co-therapist.

Project staff are arranging for the formal presentation of the research findings to a large audience of professional individuals. The conference, planned for early in February, will be jointly sponsored by the Special Services for Children Program, the Criminal Justice Coordinating Council and the Mayor's Task Force on Child Abuse and Neglect. Plans include a presentation on research findings and reaction by a panel of experts.

HOSPITAL CHILD ABUSE TEAMS

Project staff are involved in encouraging hospitals to develop child abuse teams in those institutions where the prevalence warrants. We are in the process of forwarding questionnaires to hospitals in the City of New York in order to determine existing programs and experiences. Future plans include the possibility of organizing a city-wide workshop on child abuse teams with invitations to staff in all hospitals.

QUEENS FEDERATION OF MENTAL HEALTH AGENCIES

The Sub-Committee on Children of the above organization is presently discussing new directions it might take. Meetings are being held, and it is hoped that we can generate interest in either establishing new facilities, or broadening existing agencies to start dealing with the problems of abused and neglected children and their parents.

IV EDUCATION

THE MEDIA AND PUBLIC RELATIONS

Project staff have taken advantage of opportunities to publicize the problems of child abuse and neglect as well as information as to what the public can do about it. Project staff have made case and statistical data available to radio, television and newspaper personnel. Several programs pertaining to abuse and neglect have been broadcast, most notably, a month-long series on radio station WRFM.

Project staff have also cooperated with professional and free-lance writers interested in doing articles, writing books, etc. Further, students in professional schools, colleges and high schools have requested information for term projects and papers.

Project staff will be updating an existing "Child Abuse and Neglect Public Information Kit".

BOARD OF EDUCATION

Meetings are continuing with all levels of staff within the Board of Education, most frequently school guidance personnel. Sessions focus on information dissemination and problem solving. Each school district contacted has shown interest in and awareness about the problem of child maltreatment. Communication lines have been established and broadened in each instance and the response and receptivity has generally been excellent. Project staff have also met with local school principals. It is hoped that new procedures will be developed within the Board of Education that will encourage greater reporting, perhaps on the district office level.

There has been some degree of reluctance on the part of the districts to open discussions within their communities on the problems of abuse and neglect. Much of the resistance relates to the opinion that this sort of communication would better be established by the Chancellor's Office.

Contacts with the United Parent's Association are being planned in the near future.

PROFESSIONAL SCHOOLS

Contact has been established with two graduate schools, Stonybrook School of Social Work and St. John's School for Teacher Education. Due to the special interest in an inter-disciplinary class at Stonybrook, the students are presently involved in a study patterned after the Mayor's Task Force research. Their particular target is Suffolk County. Discussions were held with personnel at the University where there is interest in developing an on-going interdisciplinary course within the Social Work Department directed at child abuse and neglect, its dynamics, manifestations, and the roles of various agencies involved.

St. John's University has expressed interest in developing similar course content in the Teacher Education Program. Medgar Evers College and St. Francis College in Brooklyn also have expressed interest in courses and projects relating to child protection.

CONFERENCES ON CHILD ABUSE AND NEGLECT

Project staff have frequently been invited to appear at conferences within the city and in surrounding states and counties. Staff have presented speeches to the Greater New York Hospital Association, Suffolk County, Nassau County, New Jersey Citizens Committee, Newark Children's Services,etc. Project staff have participated in numerous conferences and discussions with private and public agencies around wide varieties of issues and problems relating to child maltreatment.

BIBLIOGRAPHY - Project staff are developing an extensive bibliography of references relating to child abuse and neglect. Several hundred references have already been researched.

References will be classified by such subject areas as medical, social and legal aspects, casework, groupwork and psychiatric treatment, etc. When completed, the bibliography will be made available for research, training and practice purposes to all those with an interest.

NEW YORK STATE WELFARE INSPECTOR GENERAL

Project staff continue to serve as liaison between the State Office and Special Services for Children. Well over one hundred cases have been reported for follow-up investigation.

A proposal has been submitted recommending changes in the procedure of reporting to the Welfare Inspector General, which should provide some relief to caseworkers in reporting while at the same time maintaining priority for all suspected abuse and neglect situations.

CHILD WELFARE INFORMATION SERVICES, INC.

(CWIS, INC.)

Purpose

- Child Welfare Information Services, Inc. (CWIS, Inc.) is a not-for-profit corporation under New York State law which has been formed for the purposes of "the collection, collation, storing, analysis, retrieval, reproduction and furnishing of necessary and relevant information, pertinent to the more effective management, accountability, and planning of care and services to children who are dependent or neglected or in need of supervision or adoptable or potentially adoptable or delinquent or emotionally disturbed and who are residents or public charges of the City and State of New York or to children who have been referred for or previously have been in receipt of such care and services or are potential recipients or such care and services. The information may include data about said children's families and their families' social, cultural, educational and economic circumstances or history."

- The corporation may not operate any care programs for children or provide social services to individuals.

- The corporation's services and activities may only be provided to authorized agencies as defined in Section 371 of the Social Services Law of the State of New York, and public and voluntary agencies and organizations or federations thereof, whose primary purpose is the management or planning of child care.

- Specifically, the main purpose of CWIS, Inc. is the planning development, implementation and operation of the Child Welfare Services Management Information System (CWISMIS), the final objectives of which are to provide HRA, SSC, the voluntary agencies, the Family Court and other interested child-caring agencies with,

  - . Detailed indices of child and child-related needs to facilitate the planning, funding and implementation of comprehensive programs and services
  - . Data on the utilization and availability of child-care facilities and other resources
  - . Detail data on each child's characteristics, condition, status and location within the N.Y.C. Child Welfare Services System
  - . A detailed history of each child's contacts with the N.Y.C. Child Welfare Services System
  - . Raw data for performing detailed research analyses of the N.Y.C. Child Welfare Services System
  - . A rapid, efficient ability to extract various additional management reports from the system data base for use in planning and control
  - . Strict security and control of access to the confidential information contained within the System

- Eventual assumption of data collection and report preparation responsibilities of the current BCW System
- The capability to prepare reports legally required by NYS-DSS
- The eventual preparation of the City bill.

- Eventually, CWIS, Inc. will be able, as appropriate, to operate and integrate the various information systems maintained by individual agencies and SSC.

Background

In the past few years, various studies, evaluations and reports have identified the growing need for a comprehensive, coordinated and up-to-date source of data which would provide all agencies involved with the N.Y.C. Child Welfare Services System the information necessary for proper planning, evaluation, and control of their various areas of responsibility. In 1969, the Council of Voluntary Child Case Agencies (COVCCA) started independent initial efforts towards developing an integrated information system. In 1970, COVCCA contracted Systems Dynamics, Inc. to conduct a survey of various existing computer-based information systems within the N.Y.C. Child Welfare System and determine the feasibility of an integrated information system.[1] The Systems Dynamics report recommended the development of such a system and the establishment of a non-profit service bureau serving the public and voluntary sectors for the development and operation of this system. In early 1971, the Interagency Council on Child Welfare initiated a study to identify the structure and operation of the N.Y.C. Child Welfare Services System and the data requirements for a comprehensive information system. The Project Management Staff of the Mayor's Policy Planning Council completed this study for the Council on May 20, 1971. Their report verified the need for an integrated information system serving the entire N.Y.C. Child Welfare System. Their report also documented the four primary paths that children follow through this system. They are:

- SSC Placement Sub-system
- Court Referral to SSC Sub-system
- Court Direct Placement Sub-system
- SSC Alternative Service Sub-system

The complete Child Welfare Services Management Information System will collect data and provide information on all of these sub-systems. Because of the size and complexity of the entire system, the Inter-Agency Council decided that the SSC Placement Information Sub-system would be developed first since it would cover the largest number and the highest risk children who are the responsibility of SSC. The Inter-Agency Council then, with the assistance of the Mayor's Project Management Staff and the Council of Voluntary Child Care Agencies, initiated a detailed study of the specific data items that would be collected by the Placement Information Sub-system and the types of reports that it would produce. After a series of meetings with the city, state, and voluntary agencies involved in the placement process, a complete data base was compiled and presented to the voluntary agencies and SSC along with descriptions of the types of initial reports that would be produced by the Placement Information Sub-system. The data base contains data collected on each child and family as they pass through the placement process, i.e., it has sections covering Application, Intake Study, Referral and Undercare. There is a separate Facilities and Services Data Module which contains data on all the N.Y.C. and voluntary facilities and services available for placement. After minor revisions, the proposed data base and initial reports were accepted by the voluntary agencies, SSC and the Inter-Agency Council.

In the meantime, the Inter-Agency Council developed and finalized its plans to establish CWIS, Inc. as a not-for-profit corporation whose main purpose would be the planning, development, implementation and operation of the Child Welfare Services Management Information System. The Certificate of Incorporation for CWIS, Inc. was approved by the New York State Supreme Court on May 27, 1972.

Current CWIS, Inc. Status

The Interim Board of Directors, consisting of the five directors named in Article 19 of the Certificate of Incorporation, had its first meeting July 13, 1972. It is currently doing the planning for CWIS, Inc. and for the first meeting of the full Board. Since its first meeting, the Interim Board has met September 20, October 24, and

November 16. It will continue to meet on a scheduled basis until the full Board of Directors assumes its responsibilities at its first meeting to be held on December 11, 1972.

The complete Board of Directors will consist of 24 members representing four membership classes:

- Class A (1/3) - Voluntary Agencies
- Class B (1/3) - N.Y.C. Agencies
- Class C (1/6) - N.Y.S. Agencies
- Class D (1/6) - Other non-profit agencies

Agencies have been invited by the Interim Board to become members of CWIS, Inc. A list of those invited and their membership status is given in Attachment A. Each membership class is to select its required number of Board Directors before the first meeting of the full Board of Directors. The first meeting of the full Board will be held on December 11, 1972.

The Interim Board of Directors has approved a 30-month project plan for the development and implementation of the Placement Information Sub-system. The Sub-system will be developed and implemented in phases with the first phase covering the Undercare module of the data base and subsequent phases covering the Referral, Intake and Application modules. Work has already begun on the detail development of the Undercare module. An overall schedule is given in Attachment B. The project is on schedule.

The Interim Board has also approved a preliminary organization plan and a 42-month budget. It is planned that the first 18 months of development and operation will be funded by foundation grants and, possibly, Federal funds. After this period, users will fund the operation of CWIS, Inc. on a fee basis according to each user's data volume and activity and reports requested.

CWIS Relationship with Users

Members of CWIS, Inc. and of the CWIS Board of Directors will not necessarily be Users of CWIS. Users of CWIS will be those agencies that provide input data to CWIS and/or receive reports from CWIS. Agencies that are required to submit reports to various governmental bodies will retain that responsibility though the reports may be prepared by CWIS for the agencies involved. Specific data on individual children and cases will be available from CWIS only to the agency which provided that data to CWIS and to governmental agencies legally responsible for the care of the children and cases involved.

Child Welfare Research Project (CWRP)

A Child Welfare Research Project, under Federal funding, has been proposed by Dr. David Fanshel of Columbia University. The proposed project team would work with the developing CWIS effort over a five-year period to accomplish the following objectives:

- Develop statistical procedures for reducing the collected data to create valid composite measures of the child welfare services population.

- Perform longitudinal studies of data collected by CWIS to measure the adjustment of children in placement.
- Conduct specialized data gathering studies in order to test the concurrent validity of the CWIS information, to identify additional date categories for collection by CWIS, and to exploit the potential use of the CWIS data to direct research of specific problem populations, e.g., children of drug-abusing mothers.
- Enhance the capacity of the Child Welfare Services Management Information System to serve as a tool for management to assess the impact and effectiveness of existing programs and services.
- Train agency management in the proper use of a management information system in planning, decision-making, control and research.

12/5/72

CHILD WELFARE INFORMATION SERVICES, INC.

Corporate Membership Status as of 12/5/72

Invited Groups	Member Names
Class A	
Voluntary Agencies to be invited by the Council of Voluntary Child Care Agencies	
Class B - Local governmental agencies	
Human Resources Administration	John Wood
Special Services for Children	Barbara Blum
City Planning Commission	Barbara Braden
Youth Services Agency	Constance Valis
Interagency Council on Child Welfare	Marilyn Schiff
Health and Hospitals	Antero Lacot
Bureau of the Budget	Jane Lisa Kosloff
Family Court	Judge Florence Kelley
Police Department	No reply, probable decline
Board of Education	Observation only
Agency for Child Development	Robert West
Health Services Administration	No reply, probable acceptance
Department of Mental Health and Mental Retardation	Dr. Dorothy Berezin
Office of Probation	John Wallace
Class C - State Agencies	
State Division for Youth	Robin Chard
State Department of Mental Hygiene	No reply, probable acceptance
State Board of Social Welfare	Leonard Bloch
Class D - Other non-profit agencies	
Greater New York Fund	Joseph Weber
Citizen's Committee for Children	Robette Stubbs
Legal Aid Society	Charles Shinitsky
State Communities Aid Association	Lowell Iberg
Association of the Bar	Declined, but approved CWIS idea
Regional Plan Association	Declined, but approved CWIS idea

Attachment A

CHILD WELFARE INFORMATION SERVICES, INC.

Major Project Milestones

May 27, 1972	-	CWIS, Inc. approved by N.Y.S. Supreme Court
July 13, 1972	-	First meeting of CWIS Interim Board
December 11, 1972	-	First meeting of Full CWIS Board
March 1973	-	Complete program specifications for Under Care Module
May 1973	-	Complete programming and systems test; start pilot test
September 1973	-	Complete pilot test; start conversion of all users
December 1973	-	Complete conversion of Undercare Module
April 1974	-	Complete detail specifications for remaining modules of Placement Information Sub-system
August 1974	-	Allocation module implemented
February 1975	-	Intake module implemented
June 1975	-	Application module implemented; Placement Information Sub-system implemented.

Attachment B

ROOSEVELT HOSPITAL CHILD ABUSE

PROCEDURE & INFORMATION

I: Definition of Child Abuse and Neglect under New York State Law:

CHILD ABUSE:-

A child is considered abused if he is under sixteen years of age and his parent or other person legally responsible for his care, inflicts or allows to be inflicted upon such child, physical injury, or creates or allows to be created a substantial risk of physical injury, by other than accidental means, which causes or creates a substantial risk of death or serious or protracted disfigurement, or impairment of physical or emotional health, or loss or impairment of the function of any bodily organ, or upon whom an act of sexual abuse has been committed or allowed to be committed.

CHILD NEGLECT:-

A child is considered neglected if he is under 18 years of age (both boys and girls) and his parents or persons responsible for his care impair or cause imminent danger of impairment of his physical, mental or emotional condition by failing to supply him with adequate food, clothing, shelter, education, medical or surgical care, moral supervision or appropriate guidance; or by inflicting, allowing or risking infliction upon him excessive corporal punishment; or by using drugs; or by using alcoholic beverages to the extent that there may be, or is, loss of self-control of their actions; or by abandoning him; or by committing by other similar act which requires the intervention of a social agency or court for his welfare. (Note that doug has been shifted from the category of abuse to neglect.)

IMMUNITY FROM LIABILITY:-

The Social Services Law and the Family Court Act both provide that persons or institutions participating in good faith, pursuant to those statutes, in the making of a report of suspected child maltreatment, or in the retention of a child pursuant to the legislation, shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as the result of such a report or retention.

II: Procedure:

A: The child shall be admitted to the Pediatric Service until appropriate disposition is obtained. The child shall not be held in the Emergency Department. UNDER NO CIRCUMSTANCES SHALL THE CHILD BE RELEASED TO THE PARENTS OR ANY PERSON NOT DESIGNATED BY THE APPROPRIATE AUTHORITY. If a child appears to be malnourished, apparently neglected, or abused in any way, possible prior admission (s) should be investigated.

The Social Service Law and the Family Court Act also permit temporary retention by a physician or hospital of a child suspected of having been abused/severely neglected, without a court order and without the consent of a parent or other legally responsible person, until the custody of the child can be transferred to an authorized protective services agency. It is the responsibility of the protective services agency to bring such situations, where a child have been so retained without parental consent, to the attention of the Family Court on the next dourt workday.

Once a child has been remanded to the hospital, by court order he/she must not be discharged to the parent/s at any time -- until the hospital is authorized to do so by the Bureau of Child Welfare.

B: Oral Report:

1. Day Time Procedure: (8:00 a.m. - 5:00 p.m.)

The house officer after examining the case shall report it to the attending pediatrician who will examine the child. Social Service shall also be notified immediately and the social worker will evaluate the family circumstances, report the case to the appropriate authorities, and arrange for subsequent disposition of the child.

2. After Hours Procedure: (5:00 p.m. - 8:00 a.m.) Weekend or Holidays)

The House Officer will report the case by telephone to the Bureau of Child Welfare (telephone #431-4680) using Hospital Code #0-004. Social Service shall be notified the following morning.

C: Written Report:

Following the above oral procedures, the house officer shall fill out in duplicate sections I, II, and III of Form M-297C (Report of Children in Need of Protection) and forward it to Social Service. Social Service will send one copy to the Central Registry and one copy to the Roosevelt Hospital Child Abuse Committee.

Central Registry: BCW Protective Services
80 Lafayette Street
New York, New York

Copies of form M-297C will be available in the Nursing Supervisor's office at the Emergency Room, Pediatrics In-Patient and Out-Patient departments, and Social Services offices.

Social Service will also be responsible for advising parents in writing of free legal services available to them.

D: When the Circumstances are Unclear:

If abuse or neglect cannot be clearly established under the above definitions, the case should be presented verbally to Child Abuse Committee. The Committee Coordinator, Louise Visser, Social Worker, In-Patient Pediatrics, can call a Committee meeting for evaluation and recommendation.

III: Child Abuse Committee:

A: Structure:

The Child Abuse Committee is a hospital mandated committee under the chairmanship of the Director of the Pediatric Out-Patient Department, with representatives from Administration, Child and Adolescent Psychiatry, Pediatric Social Service and Pediatric Out-Patient Nursing.

B: Function:

All reported cases and all unclear cases are to be presented to this committee. The committee will make recommendations for hospital management of a case and for follow-up by outside agencies on disposition. It meets regularly every second and fourth Fridays (10:15 am in the Pediatric Library) of each month and is also available for emergency consultation.

APPENDIX:

The following may be a helpful guide to physicians in detecting abuse and neglect situations:

PHYSICIAN'S INDEX OF SUSPICION

HISTORY:

1. Parents often relate story that is at variance with clinical findings.
2. Multiple visits to various hospitals.
3. Familial discord or financial stress, alcoholism, psychosis, perversion, drug addiction, etc.
4. Reluctance of parents to give information.
5. Admittance to hospital during evening hours.
6. Child brought to hospital for complaint other than the one associated with abuse and/or neglect; e.g. cold, headache, stomach ache, etc.
7. Delay in seeking medical help.
8. Parent's inappropriate reaction to severity of injury.
9. Social histories vary according to intake worker.
10. Blame for the abuse is usually placed upon a third party.

PHYSICAL EXAMINATION:

1. Signs of general neglect, poor skin hygiene, malnutrition, failure to thrive, withdrawn, irritability, repressed personality.
2. Bruises, abrasions, burns, soft tissue swelling, hematomas, old healed lesions.
3. Evidence of dislocation, bone injury and/or fractures.
4. Coma, convulsions.
5. Sumptoms of drug withdrawal.
6. Death.

RADIOLOGIC MANIFESTATIONS:

1. Subperiosteal hemorrhages.
2. Epiphyseal separations.
3. Periosteal shearing.
4. Metaphyseal fragmentations.
5. Previously healed periosteal calcifications.

APPENDIX III
PRESS REPORTS

[From the Sunday Star, Mar. 25, 1973]

CHILD ABUSE—THE DARK SIDE OF FAMILY LIFE

(By John T. Wheeler)

> Until recently, child abuse was a secret crime in an America which once believed in the absolute parental right to discipline the young. Now the parents of battered babies and maimed youngsters are being prosecuted. Who are these child abusers?

In those final hours of a wintry night, Alice made a decision deep in her 6-month-old mind that nearly cost her life.

She cried.

It wasn't a whisper or a soft sobbing. It was a full-blown wail that wound up like an air raid siren. Whether she was hungry, grumpy or wet, no one will ever know. After all the terror and pain that followed, it didn't seem to matter much what it was Alice was trying to say.

Her mother, already pregnant with her second child, remembered lying in bed and beginning to hate. She hated Alice for her crying and herself for her hate. As the cries from the nursery crossed that line into shrill screams. Alice's mother also crossed a line in her mind.

First she went to the kitchen assuming, she said later, that the baby was hungry. She plopped a bottle into a saucepan filled with water and turned the flame on full. After the water had come to a boil, she tested the formula on her forearm to make sure it wasn't too hot. But she wasn't sure of this, and that didn't really matter either.

Because what Alice's mother did was set the bottle aside on a counter and walk into the nursery with the pan of scalding water. She stood over the crib and poured the water on Alice, the child she had so desperately wanted through three barren years of marriage.

Alice's screams changed, becoming higher louder, more urgent. Her father roused himself, went into the nursery and found his critically burned child writhing in her crib. Nearby was his wife, pan held limply at her side, eyes blank.

Bed clothing kept enough of the scalding water from reaching Alice's skin that she survived to join a sad army of children attacked and grievously hurt by their parents each year in America.

No definitive national statistics exist for this dark side of American family life, but many experts believe at least 65,000 children are seriously abused each year by adult attacks. About 25 percent are said to be seriously, sometimes permanently, injured. Perhaps 6,000 are killed.

Dr. Richard Gladstone, a psychiatrist, calls such harsh physical abuse "one of the perversions of the human procreative drive." Doctors, emergency hospital staff members, social workers and judges catalog a grim variety of abuse methods: beating, both with hands and weapons, kicking, torture, strangling, stabbing, scalding, burning, poisoning, dismemberment, starving, imprisonment, freezing and crushing.

"There is no act too violent or sadistic that has not been carried on some child, somewhere," an intern in a children's ward said.

Some physicians and psychiatrists consider a third or more as serious child abusers to be psychotic, or seriously ill mentally. Many other experts say the overwhelming number are suffering only from neuroses. These are a lesser category of mental problems which nearly all humans experience to some extent. What society would call well-adjusted men and women reach a moment of rage too powerful to be bottled up and anger rules the mind for violence-filled minutes.

Parents Anonymous chapters help parents who cannot stop abusing their children without help. It operates much like Alcoholics Anonymous and one credo is to go "from one day to the next without striking my child." Members have included bankers, welfare mothers and people from all races and all major religions. These parents realize they have crossed the line between discipline and abuse. Tens of thousands do not. Broken arms and fractured skulls are often passed off by parents, even to themselves, as "accidents" that occurred during "normal disciplining."

Tens, perhaps hundreds of thousands of parents are child abusers without really knowing it. Dr. John Caffey of Pittsburgh reported in the American Journal of Diseases of Children that substantial evidence shows the common practice of giving a child "a good shaking" can have serious and even fatal consequences.

Shakings, slappings, harsh spanking done in high anger can have a psychological toll even if there are no physical injuries.

One researcher said, "There is an abysmal lack of knowledge of what it means to be a parent and how easily the normal development of the child can be adversely affected. We tend to say, 'Oh, they'll get over it and forget it.' They won't forget."

Dr. Edwin Nichols, chief of the Federal Center for Studies for Child and Family Mental Health, says any number of factors from unwanted pregnancy, job insecurity and a home breakup, to a quick temper and emotional exhaustion can trigger destructive rages in parents, even those who deeply love their children.

A national Institute of Mental Health expert says as yet it is not possible to develop a profile of the likely abuser as has been the case for likely aircraft hijackers. Indeed many believe far too little is known of the problem in general, partly because society considers the situation so shameful that it would rather sweep the whole thing under the rug than spend money on research and the like.

"There never seems to be enough case workers, foster parent homes, clinical psychologists, you name it," says a federal expert who is particularly critical of federal efforts in the field.

Dr. Vincent De Francis, head of the Child Abuse Division of the American Humane Association, said, "Child protection services are a national dilemma. We have built up an attitude of serene unconcern for the needs of the vast unserved" children caught up in abuse situations. In an interview he said local funding too often is far short of what is needed to provide protection for abused and endangered children, although laws are on the books assuring the young of this protection.

Until 10 years ago, child abuse was almost a national secret crime. Physicians in most states were not even required to report abuse, and even the authorities were often circumspect about stepping into cases of child abuse.

Proportionately few serious cases found their way either to the courts or to social services. All states now have some form of mandatory reporting law for physicians and hospitals, but this is often overlooked, experts say.

New York and a few states have laws requiring authorities to step into cases when abuse is even suspected and permits them to pull children out of bad home situations even if abuse cannot be proven in the criminal sense. However, Dr. De Francis said, much still needs to be done to insure the legal rights of children.

Until fairly recently, abusers were believed to be centered in the lower socioeconomic groups, but no longer.

"The cases that showed up on the police blotter were once the only real indication of what was going on," one researcher said. "Now we realize that those who could afford private physicians and hospitals in effect were buying insulation since they went unreported."

Along with a better understanding of the scope of abuse is a different view of the abuser, once written off as a heartless slob, sadist, or candidate for an asylum.

Dr. Gladstone says child abuse can be seen as a deep ambivalence in the abusing parent. He loves the child too much to give it up, but hates it too much to raise it with compassion.

One researcher, a woman, said: "Men are more often the abuser, but women most often are the more deadly." Another said women, because of the society's strong maternal love ethic, consider abuse far more unacceptable than men and thus often are for more emotionally disturbed by the time they cross the line into violent abuse.

While it is not uncommon for both parents to abuse their child or children, more often it is only one adult. Why the other covers up for his mate is not fully understood. Some say it is out of fear; some that the mate worries about breaking up the home and particularly having to raise the children alone. But a Washington emergency room physician said, "I believe that the mate who doesn't report the other's violence has something in the situation going for them. Something like an alcoholic whose partner stands by not so much out of loyalty but because he enjoys dominating the situation and watching the degradation of his partner."

Many researchers report that once an abused child is removed from the family, often, but not inevitably, none of the other children is picked for abuse. But if, even after years, the abused child is returned, the abuse pattern often quickly resumes. The only sure way to break the cycle is for the abuser to work with counselors to get at the root of the violence.

THE CAUSE is sometimes easy to find.Illegitimate and deformed children and children born of an unwanted pregnancy are prime targets for abusive parents.

The highest risk of unintentional death from abuse ranges from three months to three years. Serious abuse doesn't necessarily end at age three but by this time children often learn how to avoid the worst anger storms by treading warily. Also, they can absorb a good deal more physical punishment before death or broken bones result.

Serious abuse occurs most frequently between midnight and 3 a.m., with 3 a.m. to 6 a.m. a close second.

Statistics also suggest that abuse is disproportionately high in households with only one parent who must shoulder all of the stress of child rearing, often on a budget made slim by divorce or desertion. Alcoholics and drug addicts quite often turn up in the ranks of abusers.

The most prevalent, although least dramatic, form of abuse is emotional. And although no hand may be laid on the child, the effect on his emotions and development can be just as damaging as a fractured skull.

"You can murder a child in many ways," says Mrs. Bacon of Parents Anonymous. "Physical abuse is only the most obvious means."

The problems of child abuse for society are much more serious than the simple ending of suffering for the child.

An abused child often becomes a threat to society itself.

Katherin Bond of the American Humane Association said, "How does abuse effect the child? If you look at a delinquent child, you see a child that has been abused physically or emotionally." How delinquent depends in part on how long and how serious the abuse was.

RECOGNIZING child abuse as an unacceptable social ill is relatively new in America, which once believed in the absolute parental right to discipline the young.

For some social historians, the fight against the abuser, as differentiated from the murderers of their children, began in earnest in New York City just a century ago. Then authorities, after considerable ducking of the issue, finally freed Mary Ellen, a little girl kept chained to her bed and otherwise mistreated by her adoptive parents.

The fight to free Mary Ellen was won by the Society for the Prevention of Cruelty to Animals.

[From the Denver Observer, Mar. 24, 1973]

The Child-Beaters: Sick, But Curable

"MOTHERING," NOT PRISON, IS THE BEST HOPE FOR HELPING THESE PARENTS, EXPERTS SAY

(By Richard S. Johnson)

They find a healing process in sharing their experiences—including the nightmarish aspects. So one night a week they gather, some with husband or wives, some alone. Sharon, pretty, trim, and modishly dressed, is the wife of a successful young salesman; she shook her baby by the ankles until its leg snapped. Mary, fat, wearing a sack dress, is the wife of a man who earned less than $3,000 last year; she choked her little girl. Cindy is the personable young widow of an Air Force flier who died in a plane explosion; in recurring fantasies she saw herself throwing her children to their deaths from atop an office building.

These parents are members of Families Anonymous, an organization for parents who have knowingly injured their children or are afraid they might. They are parents determined to gain control over their occasional violent impulses toward their children, whom they love—but whom they also sometimes hate.

Tonight there is a new couple. Both sit like frightened children, politely refusing coffee or Sanka.

"Well," someone asks in a theatrical voice, "who beat their kids this week?"

The question was dropped to break the ice. A few smile or laugh. Not the new couple: stiff, suspicious, proper. But they look at Mary with intense interest as she tells them: "I'll always be a battering parent."

At once there is a hush, an expectation. Then Mary adds: "But as long I have this group, my child is safe with me. I'll never hurt her again."

They nod or quitely agree, relieved at what for them is obviously a truth. And in fact none has—since joining the group—hurt his child. And those whose children the courts had placed in foster homes have their children back home again. Except for the new couple, whose struggle for understanding of themselves, control of themselves, is now beginning.

To Dr. Henry Kempe, Families Anonymous is one of the innovative therapeutic approaches that demonstrate new hope for the "cure" of battering parents. If widely applied, these innovations can, he believes, save many thousands of children each year from injury or death.

Kempe is perhaps this country's best known authority on the physical abuse of children by parents. Though his specialty is infectious diseases of childhood, he began his serious research into child abuse when he joined the pediatrics department of the University of Colorado School of Medicine 17 years ago.

Now head of that department, Kempe also directs the newly created National Center for the Prevention and Treatment of Child Abuse and Neglect.

The center began operating last January 1, established on the previous work of the medical school's child-protection team and funded by gifts from private institutions, notably a three-year grant of $588,000 from the Robert Wood Johnson Foundation of Princeton, N.J.

It was Kempe who in 1961, at a meeting of the American Academy of Pediatrics, coined the term, "The Battered-Child Syndrome." Since then awareness has grown that the syndrome—the injury of a child through the nonaccidental hitting, kicking, throwing, or twisting by a parent or foster parent—is a significant cause of childhood disability and death in America and elsewhere.

Because there still isn't nationwide compliance with laws requiring the reporting of child abuse, experts agree that there is no accurate way to determine incidence. Kempe estimates there were about 60,000 reported cases in the United States last year.

"Child abuse is a sickening, largely overlooked problem in America," says Sen. Harrison J. Williams, the New Jersey Democrat who is chairman of the Senate Committee on Labor and Public Welfare. Last week Minnesota Democrat Walter F. Mondale, chairman of the committee's Subcommittee on Children and Youth, introduced the Child Abuse Prevention Act in the Senate. Williams and 13 other Senators are cosponsors.

Mondale's subcommittee will hold hearings on the bill in Washington, D.C., beginning March 26. The bill would provide Federal funds for personnel and programs to prevent and treat child abuse. It would establish a National Center of Child Abuse and Neglect to be a clearinghouse for information and training materials. It also would set up a National Commission on Child Abuse and Neglect to examine, among other things, the effectiveness of existing laws affecting child abuse and neglect.

A WESTERN CULTURAL PATTERN

Studies suggest that the battered-child syndrome is only an extreme of a violent child-rearing pattern firmly established in Western culture. Two of Kempe's colleagues who have thoroughly studied the syndrome write:

There seems to be an unbroken spectrum of parental action toward children, ranging from the breaking of bones and fracturing of skulls through severe bruising to severe spanking and on to mild "reminder pats" on the bottom. To be aware of this, one has only to look at the families of one's friends and neighbors, to look and listen to the parent-child interactions at the playground and the supermarket, or even to recall how one raised one's own children or how one was raised oneself.

The amount of yelling, scolding, slapping, punching, hitting, and yanking acted out by parents on very small children is almost shocking. Hence we have felt that in dealing with the abused child we are not observing an isolated, unique phenomenon, but only the extreme form of what we would call a pattern of style of child rearing quite prevalent in our culture.

Those are the words of Drs. Brandt F. Steele and Carl D. Pollock, psychiatrists and professors at the Colorado medical school. For 5½ years they "studied intensively 60 families in which significant abuse of infants or small children had occurred." Battering parents, they found, are just like the rest of us in most respects. They come from farms, small towns, and cities. They are of Catholic, Jewish, and Protestant faiths—or of none, or are antichurch. They are intelligent and well educated and at the tops of their professions. They are unintelligent, poorly educated, and have poor job records. They are poor, middle-class, or wealthy.

TRAITS OF BATTERING PARENTS

And so Steele and Pollock and other researchers have disproved the belief "that child abuse occurs only among 'bad people' of low socioeconomic status."

Yet there are significant differences in the way battering parents and "normal" parents react to their children during crises. For example, say Pollock and Steele, a battering parent in a crisis is incapable of valuing a love object such as a child more than he values himself. Indeed, such parents characteristically turn to small children—even to infants—for nurturing and support and protection. When the children can't or won't co-operate, the parents—unable to cope by themselves with the emotional pressure they feel—sometimes respond in paroxysms of frustration and rage. At those times they cannot control the physical energy they use in "disciplining" or "punishing" or "training" their unrewarding offspring.

Apparently such behavior stems from the way the parents themselves were treated as children, say Pollock and Steele. Without exception the parents in their study group had been exploited, subjected to "intense, pervasive, continuous demand from their parents," and made to feel they could never do anything right.

Such child-rearing methods, say these psychiatrists, are "transmitted from parent to child, generation after generation."

Obviously such parents need help, these psychiatrists believe. But historically—and even today—the tendency has been to punish them.

Vincent De Francis, a lawyer who is director of the Children's Division of the American Humane Association, has said that "the general attitude toward the problem of child abuse, and a common reaction of people when confronted with the brutal facts, is shock and anger. A natural consequence is the desire to exact retribution—to punish unnatural parents for their acts of cruelty."

Such punishment, says De Francis, doesn't achieve anything except surface compliance with criminal statutes. Prosecution frequently places the child in even greater danger when the battering parent comes home—a parent whose motivational forces have remained untreated and whose emotional damage has become greater due to the punitive experience.

ABUSERS NEED MOTHERING

What, then, should society provide for such parents? "Mothering," say Kempe, Pollock, Steele, and evidently most other researchers. Their studies show that without exception, battering parents suffered, in the words of Steele and Pollock, from "deprivation of basic mothering—a lack of the deep sense of being cared for and cared about from the beginning of one's life."

Mothering is tender loving care—a cliche suddenly freighted with meaning in the context of the battered child and his family. Either sex can mother, and Kempe and company believe a parent of either sex must have mothering before he can mother, before he can nurture and protect his children and refrain from violent physical abuse.

These experts' theory, simply stated, is that a person must *feel* loved before he can *give* love. That is why, says Kempe, the traditional modes of social agencies—welfare departments and the like—aren't highly successful in helping battering parents. Those modes are centered, he says, in the supervisory, once-a-week or once-a-month home visits of overworked caseworkers who are concerned for the child but who lack the training and time to make the parent feel cared for.

THREE MAJOR CRITERIA

A battering parent, Kempe says, needs help at 2 a.m. when he is tired, his baby is crying, and his "abusive pattern" is taking shape.

"In order for a child to be physically injured by his parents or guardian," Kempe writes in his latest book, ***Helping the Battered Child and His Family***

(J. B. Lippincott, 1972), "several pieces of a complex puzzle must come together in a very special way. To date we can identify at least three major criteria."

First, the parent must have a potential to abuse. He lacks the "mothering imprint." He feels isolated, unable to trust others. He has no spouse, or a spouse too passive to be able to give. And he has very unrealistic expectations for his children.

Second, there must be a special child, one the parents see as different, who fails to respond as expected, or who really is different—"retarded, too smart, hyperactive, or has a birth defect."

Finally, there must be a crisis or crises to trigger the abusive act. "These can be minor or major crises—a washing machine breaking down, a lost job, a husband being drafted, no heat, no food, a mother-in-law's visit, and the like." The crisis precipitates the act of abuse; it isn't the cause.

INNOVATIONS SEEN SPREADING

Kempe thinks that within 10 years the nation's child-welfare departments will rather universally be using the innovations now employed or recommended by his center. When that happens, he says, the battered-child syndrome—"which can be a fatal disease"—will begin to disappear.

The center here will continue to use it child-protection team: four pediatricians, four part-time psychiatrists, two social workers, a welfare-department representative, a co-ordinator, and one public-health nurse. The center, also has a lawyer who represents it in court hearings and works toward reforms in the law. (The Colorado legislature last year amended the Colorado Children's Code to provide for a publicly paid law guardian with specific duties in protecting the rights of an abused child.)

Preventive and predictive services are also important in the center's work. Kempe says new and sophisticated means of prediction can reveal which persons ought *not* to become parents and which—if they become parents—need help. Prevention of child abuse includes a wide range of educational functions—reaching the public and officials—as well as practical things such as the 24-hour-a-day "hot line" over which any distraught parent can receive immediate support and counsel.

Finally, the center's treatment includes Families Anonymous, lay therapists called "parent aides," a day-care center where overwhelmed mothers can bring their children, a crisis nursery for infants, a mother-child unit where a mother and her child can live temporarily in a safe environment free from emotional pressures, and psychiatric care.

But Kempe isn't satisfied. He believes that nationally every county's protective-services department should be converted from the single-discipline approach of welfare departments to multidiscipline approaches applying expertise in social services, medicine, juvenile courts, and law enforcement. Such a change, Kempe says, would "cut across many of the traditions and unworkable rules and regulations that are built into most protective-services departments."

Thus Kempe conceives the nation's first defense of children as being a hospital-based child-protection team, such as that at the Denver center, in every county. The second line of defense would be the multidisciplinary protective-services units.

HEALTH ADVOCATES FOR CHILDREN

Ultimately Kempe would like established a nationwide corps of "health visitors," health advocates for children. Scotland has such a system now. Every child born is seen monthly by a health visitor, who follows the child's physical, emotional, and mental growth. One result, says Kempe, is that nonnurturing parents are identified and can be helped—or, if they can't be helped, separated from their children.

About 10 per cent of the battering parents in America are psychotic or are aggressive psychopaths, Kempe says. He contends they cannot be helped while the child remains in the home. These parents' children, he says, should be placed permanently in foster homes, or, preferably, adopted into other families.

The other 90 per cent can be helped to become adequate parents, Kempe believes.

A PARTICULARLY BRIGHT LIGHT

He takes pride in his center's successes. The use of lay therapists, begun here four years ago, was a break-through that proved it is unnecessary to require years of training for persons to "mother" battering parents. A battering parent may call his lay therapist at any hour. If he calls when he is in crisis, experience shows he's unlikely to hurt his child.

Kempe calls Families Anonymous a "particularly bright light." Begun in January 1972 by Joan and Walt Hopkins, it is patterend after a similar California organization formed earlier—and still directed—by a woman who calls herself "Jolly K" and who was herself a battering mother.

The Denver area now has four Families Anonymous groups. Kempe's center pays the salary of Mrs. Hopkins, a public-health nurse. Her husband, a private psychiatric social worker, helps without charge.

FINALLY, WORDS OF LOVE

Entries from Mrs. Hopkins' diary indicate a kind of heroic struggle and growth:

Jan. 21, 1972. First meeting . . . At the end of two hours all three girls found they had common problems: 1) No self-confidence 2) Felt terrible when criticized 3) Did not believe it when complimented 4) Afraid to discipline their children.

April 4. Mary stated she had never told [her little girl] she loved her. So she was assigned this for homework.

April 11, Mary stated she did tell [her daughter] she loved her—every night just as she shut the bedroom door. The night before this meeting she left the door open and told her. She said it was hard but that she felt good being able to do it.

That group now includes about 15 young mothers and fathers. Besides receiving from one another the support and mothering they missed as children, they have "self-help" projects:

How to involve a spouse in solving problems.

How to learn to relate to their children. (Example: providing for fussy eaters tiny hamburger patties, two or three peas, and a pinch of spinach so the meal becomes a game, fun for all.)

How to be unashamed and unafraid to ask for help over "little problems" in their relationships with their children.

How *not* to have unrealistic expectations of small children.

How to learn to trust others through sharing phone numbers with members of the group. (Mrs. Hopkins' diary quotes one young woman as saying that she had never before had a "safe" person to talk to.)

How to devise practical ways to get relief from the demands of children. (For example, each mother must bring to her second meeting a list of baby sitters upon whom she could rely.)

How to enjoy themselves. (Two women confessed that a party before Mother's Day last year was the first party they had ever attended.)

MARY'S REMEMBRANCE

Perhaps one of the most significant demonstrations of growth was an essay Mary brought to the meeting at which the new couple appeared. Titled "First Night Tremor," it was her recollection of her first meeting. Mary writes:

What am I doing here? . . . Probably all they'll do is sit and stare at me. I'm fat, and have long hair and dress differently. I wish I hadn't come! . . . Say, that gal has a problem that I had with mine. Wonder what would happen if I mentioned to her what I tried. Wonder if she'd get mad. Well, here goes. Gee, she thought was a good idea. No one has ever really said I had good ideas on raising my daughter before. . . . It's sure a good feeling to realize these people need me. Sure I need them, but they also need me! . . . I'm still fat . . . but no one really cares. I dont' think they are seeing what I wear. I think they see me. . . . I like it.

[From the Rocky Mountain News, Apr. 1, 1973]

LEGISLATORS DISCUSS CHILD ABUSE IN DENVER HEARINGS

(By Frank Moya)

A U.S. Senate subcommittee on children and youth met in Denver Saturday and pledged its efforts toward legislation to improve the plight of the battered child, despite the fact Democratic backers feel such legislation might face a presidential veto.

Sens. Walter Mondale, D-Minn., and Jennings Randolph, D-W. Va., heard four hours of testimony from a panel of Denverites about the magnitude and seriousness of the child abuse problem. Rep. Pat Schroeder, D-Colo., listened in.

The hearing concluded with members expressing support for federally financed child abuse clinics, but predicting President Nixon would choke off funds to create such clinics by a veto.

Sen. Mondale, subcommittee chairman, harshly criticized Nixon for failing to release social welfare funds appropriated by Congress. These funds go unspent while "these (abused) kids are being burned and poisoned and scalded," Mondale said.

He called for a "public outcry" against the impoundment of funds so that Congress "can pass a strong bill" to fight child abuse and other social problems.

Sen. Randolph said the seriousness of the child abuse problem dictates a battle betweeen Congress and the President.

After viewing slides depicting the scalded and broken bodies of abused children, Randolph said: "I don't want a confrontation between the Congress and the executive branch of government, but sometimes this must occur. And this is one of (those times)."

The subcommittee chose Denver as the site for its Saturday hearing because the widely acclaimed National Training Center for Child Abuse and Neglect is based here.

The Denver program employs a team-oriented system of treatment for child abusers, utilizing professionals and nonprofessionals in its treatment approach.

Dr. C. Henry Kempe asked the subcommittee to fight for funds to establish other programs similar to the one in Denver. Kempe is chairman of the pediatrics department at the University of Colorado Medical Center and generally is credited for the establishment of the Denver program.

He said 100 similar programs could be established throughout the U.S. at a total cost of $7.5 million per year. That action would be the most effective way to fight the child abuse syndrome, Kempe said, but he recommended two alternatives that would cost less, while still improving existing methods of treatment. They were:

To appropriate $3 million to begin 40 similar programs.

To spend $5 million to begin 20 large treatment centers in key geographic regions.

Kempe said suspected child abuse cases number 60,000 yearly, which he termed a "national disgrace. The idea that a child should be deprived of the constitutional right of life . . . that, to me, is tragic," he said.

Mrs. Helen Alexander, who heads a team of 10 "lay therapists" in the Denver program, said it was important to involve programs to gain the trust of possible child-abusing parents.

Each lay therapist in the Denver program strives to become friends of the family. They are on call at any time to help deal with crisis situations.

If a parent finds himself on the brink of assaulting his child, he need only call the therapist for advice or help.

Kempe said child-abusing parents are deserving of compassion. More often than not, they are often the victims of abuse during their own childhood. He cited a number of examples where a child was abused by the same method or implement used by his grandparents.

The child abuser is invariably psychologically troubled, but 90 percent will respond to proper treatment, Kempe said. Some of the remaining 10 percent are incurable and could benefit from removal of the abused child from the home—especially if it is one child of many who suffers the abuse.

A particular child may remind the parent of his own failures, resulting in the child's abuse, Kempe said. "The scapegoated child syndrome" points to the need to find a "civilized way to deal with parental failure," he said.

Dr. Ray E. Helfer, a pediatrician and consultant in the Denver program, outlined components for a successful nationwide child abuse program. Among recommendations were:

That the program be administered by states using federal guidelines so that all adhere to common principles of treatment.

That the program be multidisciplinary, utilizing social workers, psychiatrists, psychologists and laymen.

That the program include an intake unit effectively to diagnose instances of child abuse and direct parents to appropriate counseling programs; a training unit to educate program participants about complexities of the problem, and a followup unit for help with lasting problems.

That the program be supported by state and federal funds.

That the program undergo continual evaluation of effectiveness to recommend needed changes.

Mondale already has prepared a bill to provide federal funds for demonstration projects to prevent child abuse and creating an appointive National Commission on Child Abuse and Neglect.

The bill has the support of 15 senators, including Sen. Peter Dominick, R-Colo., according to Mondale.

Rep. Schroeder said the bill had the support of 40 representatives. She pledged her efforts toward winning approval of the legislation to protect "one of the most important natural resources our country has—our children."

[From Newsday, Apr. 25, 1973]

SENATOR VIEWS SCARS OF CHILD ABUSE

(By Rhoda Amon)

NEW YORK.—The senator from Minnesota held a pigtailed 2-year-old in his arms. Both of the child's eyes were blackened, there was a large lump on her forehead and old scars, thought to be from cigaret burns, on her legs. The senator noted something else. "Those eyes are 30 years old," he said. "Abused children grow old fast."

The battered and mutilated child was a melancholy and somehow embarrassing exhibit to adults at a hearing held yesterday by Sen. Walter F. Mondale (D-Minn.), sponsor of Senate legislation to curb child abuse, to which 58 deaths in New York City were attributed last year and which caused disabling injuries to more than 60,000 children nationwide.

Testimony at yesterday's hearing at Roosevelt Hospital in Manhattan indicated that the 60,000 reported cases of child abuse may be "just the tip of the iceberg," according to Mondale, chairman of the Senate's Children and Youth Sub-committee.

One witness, Dr. Marianne Schwob, chairman of the hospital's child abuse committee, estimated that five to six per cent of all children admitted to pediatrics wards have injuries that could be suspected of stemming from abuse.

"If that's a typical figure, it's pretty scary," Mondale said.

Dr. Schwob also noted that one out of four battered children should not be returned to the family. "We have a large number of psychotic parents in New York City—many on drugs—who cannot be relied on to take care of their children," said Dr. Schwob, who heads a team, made up of several doctors, a social worker and a public health nurse, that investigates each case. The members make a recommendation to the city Bureau of Child Development, which may then go to Family Court to ask that the parents not get their child back.

Mondale said that previous testimony before his committee indicated that "nationally, 90 per cent of families [in which child abuse occurs) can be helped." His child abuse prevention bill, he said, would establish a national study center and clearing house and also would set up model programs of family assistance and abuse prevention around the country. The cost would be $9,000,000 over a five-year period. Except for a few isolated programs, Mondale said, "very little is being done" to prevent child mutilation that is "beyond belief."

The State Assembly Select Committee on Child Abuse, which yesterday gave Mondale a report of an investigation that had turned up "dreadful inadequacies" in New York's present system, was to hold additional hearings on a state Child Protective Services Bill. They are scheduled for this morning at 270 Broadway, Manhattan, and at 10 a.m. tomorrow in the Albany State Capitol. The bill calls for a statewide, computerized central registry of child abuse cases to be manned 24 hours a day. Teams of workers in each county would investigate all child abuse reports.

The registry is opposed by the New York Civil Liberties Union because of the "potential abuse of such a centralized record-keeping system," according to Mimi Hyman, executive director of the organization's Nassau County chapter. "What frightens us is the possibility of allegations being made and nothing being done to clear the record of the person falsely accused," Mrs. Hyman said.

[From the New York Daily News, Apr. 25, 1973]

SENATE PANEL HEARS TALES OF CHILD ABUSE

(By Daniel O'Grady)

After visiting a welfare mother of four, a Welfare Department caseworker noted in a report that the children "seemed well cared for." Six days later, one of the four children, 7-month-old Joseph C., was found dead from starvation.

The record in the case said that Joseph "appeared small and thin, but the mother said he was a premature baby."

The case was cited yesterday in testimony submitted to a Congressional hearing on the proposed child abuse prevention act.

DREADFUL INADEQUACIES

Supreme Court Justice Alfred D. Lerner, testifying on behalf of the Assembly Select Committee on Child Abuse, said:

"The case of Joseph C. is typical in regard to the dreadful inadequacies we have found (in the existing child protective system)."

Lerner testified that child protective services are falling short and, in the opinion of the state committee, "before more money is allocated, the house must be put in order."

In a 12-page statement, Lerner, who served as chairman of the select committee for three years before his election to the bench last year, said:

"Undoubtedly, if we pour more millions into existing programs, the picture would be less bleak. But our committee has become convinced that existing facilities and services, if properly utilized could go a long way toward filling the need for service.

FAILS TO PROTECT

He said that the committee has concluded that the system "too often fails to protect the safety and well-being of children and that this failure has enormous consequences to the safety of our society."

Lerner spoke before the Senate subcommittee on children and youth, which held a public hearing at Roosevelt Hospital. The hearing was chaired by Sen. Walter F. Mondale (D-Minn.), sponsor of the child abuse legislation.

Dr. Marianne Schwob, chairman of the Roosevelt Hospital Child Abuse Committee, testified that child abuse cases almost invariably are preceded by medical history of lesser injuries that could and should have been noticed by doctors before serious injury.

SUSPICIOUS PATTERNS

Dr. Schwob, the mother of four boys, said that a review of about 500 medical histories from Roosevelt's clinics revealed "suspicious patterns of injuries" in 25 to 30 cases. Projected to the 10,000 children treated in the clinics each year, that totals between 500 and 600 cases that should be investigated," she said.

[From the New York Post, Apr. 24, 1973]

PARENTS WHO ABUSE KIDS

SENATORS TOLD 25 PERCENT ARE UNFIT TO KEEP THEM

(By Jane Perlez)

The parents of one out of every four abused children in the city should not be allowed to resume care of their children, the Senate's Children and Youth subcommittee was told here today. The figure is far higher than the national average.

"In New York there is a higher incidence of psychotic families who are on drugs and cannot be relied on to take back their children, said Dr. Marianne Schwob, chairman of the Roosevelt Child Abuse Committee.

"It is our experience," she said, "that only 75 percent of the city's abused children should be returned to their parents.

Chairman Walter Mondale (D-Minn.) said his subcommittee had found the national average to be 90 per cent, adding that the aim of his proposed Child Abuse Prevention Act was to restore the family as much as possible.

This morning Mondale inspected the child abuse facilities at Roosevelt and held a 2½-year-old girl who had been admitted last week with a large lump on the forehead, two badly bruised eyes and old scars on her legs, thought to be from cigaret burns.

Doctors said the case was still under investigation.

The Senator also saw color slides in the case of a 7-month-old child bitten by his father over a period of weeks. The child had deep skin lesions and was suffering from a brain hemorrhage. Another case showed a child with marks from severe strapping.

COLLECTING EVIDENCE

The subcommittee, which had already been to Washington and the National Center for Prevention and Treatment of Child Abuse and Neglect in Denver, is collecting evidence for the Child Abuse Prevention Act introduced in the Senate last year. It asks for a National Commission on Child Abuse and Neglect and funds for demonstration programs for prevention.

Describing the problem as "beyond belief," Mondale said 60,000 cases of abuse were reported last year in the U.S.

In testimony, Dr. Schwob, who heads a child abuse committee of two pediatricians, a child psychologist, a public health nurse and a social worker, said Roosevelt had handled 40 child abuse cases last year. She said that 5 to 6 percent of all children admitted last year had injuries which could be suspected as stemming from child abuse.

She listed major problems in helping a child and his family as:

Lack of organized community services.

Lack of knowledge of what happens to the abused children under various conditions of placement.

Lack of feedback from placement agencies and supporting agencies.

[From the New York Times, Apr. 25, 1973]

SENATOR HAILS GROUP APPROACH TO CHILD CARE BY HOSPITAL HERE

(By Rudy Johnson)

Senator Walter F. Mondale, chairman of the Senate Subcommittee on Children and Youth, yesterday praised "multidisciplinary approach of the Child Abuse Committee of Roosevelt Hospital as one of the "most hopeful" in treating the problem.

The Senator, a Minnesota Democrat, held a committee hearing at the hospital to observe how suspected incidents of child abuse were dealt with there. The hearing, last in a series of four, was held in connection with pending Federal anti-child-abuse legislation.

Following a tour of the facility, where the Senator visited with a child who was said to be a victim of abuse, Dr. Marianne Schwob, the child-abuse committee chairman testified that physical abuse of children represented "the top of the iceberg."

PLEA FOR MORE INFORMATION

The lack of knowledge and support available in cases of neglect without [outright] physical abuse often makes reaching a satisfactory disposition impossible," she said. "More information must be obtained before effective prevention can occur."

Dr. Schwob, explaining the "multidisciplinary" make-up of her committee, said that it consisted of two pediatricians, a child psychologist, a public health nurse, a hospital administrator and a social worker. She said also that the committee worked with any professions known to have had dealings with a family, including teachers, social workers and welfare workers, lawyers and community workers.

Noting that 40 cases of abuse or suspected abuse or neglect were handled by the committee last year, Dr. Schwob said that the committee aimed to rehabilitate the family, rather than take the abused child away from parents.

Louise Visser, a social worker on the committee, said in an interview later that in two-thirds to three-fourths of the 40 cases the children were returned home with a "reasonable feeling that abuse would not recur."

However, Dr. Schwob said because of the city's high number of parents who are drug-addicted and otherwise unstable, "it is our experience that only 75 per cent of the city's abused children should be returned to their parents."

Senator Mondale said his committee had heard details in Washington and in Denver, site of the National Center for the Prevention and Treatment of Child Abuse and Neglect, of some of the 60,000 reported cases of burnings, beatings and maiming of children each year.

In other testimony, State Supreme Court Justice Alfred D. Lerner, speaking on behalf of the State Assembly's Select Committee on Child Abuse, recommended "segregating out the child-protective funds from the total services appropriation" and increasing available sums.

[From The Christian Science Monitor, Washington, D.C., Mar. 30, 1973]

IMPASSIONED MONDALE WAGES WAR ON TRAGIC CHILD BEATINGS

(By Robert P. Hey)

WASHINGTON.—A steely look creeps into Sen. Walter F. Mondale's eyes. His formidable jaw is set; he is equally distressed and determined.

What so deeply arouses him is graphic testimony about one of the United State's most serious hidden problems: abuse of children.

According to best estimates, some 60,000 American children every year require protection from parental beatings, cruelty, or neglect. Tragically, some 700 or 800 of these defenseless children succumb to such abuse.

Senator Mondale (D) of Minnesota is leading a determined attack on the problem. Through Senate hearings and a proposed bill, he hopes to spotlight the problem and to establish an all-out federal effort on behalf of American children to end child abuse. The children, he points out, are powerless to help themselves.

Child abuse is a problem that has been known for more than a century; yet little has been done effectively to aid the children. Witnesses tell the senator's subcommittee on children that state laws generally are inadequate; little money and few services are available to aid families that abuse children; and authorities' hands often are tied in dealing with the problem. Finally, they say, the federal government is doing practically nothing about the situation.

VOICE BEGINS RISING

Senator Mondale's normally quiet voice begins to rise. He says he has asked the Department of Health, Education, and Welfare how many full-time federal employees are working on the child-abuse problem. "I think the answer is," he says, "there isn't a single person in the federal government working full-time on child abuse. Not one. And that hardly strikes me as an adequate response to this outrageous abuse."

All told, the Department of Health, Education, and Welfare has 108,911 employees, as of last month, according to a departmental spokesman.

Senator Mondale's proposed bill would drastically change this situation. It would:

Establish a national center on child abuse and neglect, to keep track of research into the problem, provide training materials for persons who deal with the issue, and maintain a clearinghouse on child abuse programs.

Provide demonstration grants to train people to deal with the child-abuse problem, and to finance projects aimed at treating or preventing child abuse.

Establish a national commission on child abuse and neglect to examine effectiveness of existing laws and determine the proper role of the federal government in coping with the problem.

Senator Mondale's bill also would authorize $90 million for these activities, to be spent over five years.

The Senate outlook for passage of the proposal is fairly good. Says a source close to Senator Mondale: "It doesn't take much to convince people on this" issue. Senate action is likely sometime this summer. House action is not expected until later.

"The causes of child abuse are complex and require a complex response," testified Stephen Kurzman, HEW's assistant secretary for legislation before the Mondale subcommittee. It is a view other experts share.

PUBLICITY SOUGHT

Experts say that most parents who physically abuse or neglect their children are acting out their frustrations. Generally they feel inadequate as people, and as parents; when under stress they feel incapable of coping with it and frustrated by this inability. They then take out this frustration on their children—by beating, or otherwise treating them cruelly.

One purpose of the current Mondale hearings is to make members of Congress—as well as Americans generally—aware of the problem.

Another purpose of the hearings is to secure action. Senator Mondale quietly blew up when the Nixon administration, through the Department of Health, Education, and Welfare, opposed the Mondale bill, largely on grounds that states and local governments should solve the problem, not the federal government.

He said that ideally he, too, would prefer that states and communities solve the child-abuse problem but that in fact they are doing very little about it.

But while government officials argue over "nice legalisms," such as which level of government should cope with the problem, Senator Mondale reminds everyone, thousands of defenseless children are being physically abused.

"One way or another we'd better get it done with [stopping present child abuse and preventing it in the future] and stop arguing about it." He leaves no doubt that he intends to try his utmost to bring about action.

Senator Mondale is refining his proposal to incorporate many of the specific suggestions proposed during the hearings, including:

New state laws that pressure people, especially physicians and teachers, to report cases of child abuse they suspect.

Targeting some of the money the federal government is spending to aid American children generally into treating child abuse specifically.

Giving courts sufficient numbers of social workers and psychiatrists to help parents guilty of child abuse, in addition to removing the child from the home.

Encouraging states to adopt laws that permit parents who find themselves abusing their children to seek assistance without fearing their children automatically will be taken from them.

[From the Washington Post, Apr. 1, 1973]

CARING FOR BATTERED CHILDREN

This much anyway the community owes to JoAnna Stern, the Montgomery County woman found guilty of killing her 9-year-old stepdaughter by a series of tortures almost too terrible to consider; a heightened awareness of the reality of child abuse and of the wholly inadequate measures we have devised to deal with it. As these particular horrors go and case by case, Mrs. Stern's behavior toward the child who died would have to be considered atypical—most child abuse is far less calculated and grotesque than that in which she engaged. But the part of the story that was, in its special way, most horrifying was also the part that was not atypical, the part about the manner in which responsible officials of the county, once alerted to the danger the child was in, still failed to take steps to rescue her in time. We quote a memorable passage from LaBarbara Bowman's account of the trial in The Post:

". . . a county policewoman told how she . . . tried without success to get the county's family services department to take an active role in the affairs of the troubled family."

The particular combination of lethargy and confusion that characterized this performance is hardly unique to the area we live in. The fact is that nationwide the relevant authorities have been slow to recognize the dimension of the problem of child abuse and slow to take advantage of the methods available from detecting its incidence and preventing terrible damage from being done. But that should not be much comfort and still less inspiration to the people of this area who have been reading daily about local cases of child abuse in which horrendous crimes are committed against infants and young children and in which horrendous mistakes may be made by those charged with protecting them.

The Child Abuse Team of Children's Hospital provided some incisive testimony before Senator Mondale's Subcommittee on Children and Youth the other day, outlining the steps that we should be taking to protect the helpless victims of these crimes. And while they described some progress, they also described the severe limitations on action that proceed from the fact that many of the relevant authorities are under-funded, under-staffed and under-informed. Police, judges, lawyers, government workers and medical people, according to the Children's Hospital Team, could all use more education in known and available techiques for doing much better by the victims of child abuse.

In recommending a number of steps to be taken, the Children's Hospital Team did cite one giant step backwards the Department of Human Resources seems to be taking. It is the elimination of the corps of special protective services case workers who have been able to devote the requisite special and urgent attention to those children in distress. That group, rather than being enlarged and improved, is evidently to be disbanded, with the small caseload of each special protective service worker to be spread out among the overburdened case workers in other areas. As many of those observed, whose letters on this subject we printed Friday, there is something so senseless and misguided about this move as to defy reason. Emergency situations involving the lives of innocent and helpless children require emergency action—and action that is right the first time around. Can anyone have any doubts about that? A group of workers connected with Children's Hospital put the case against eliminating these special services succinctly and well: "The consequence could be an increase in irreparable damage and death to these children because they will be deprived of their right to specialized intervention . . . Remember, we are not dealing with social abstractions, but with life and death."

[From the Washington Post, Feb. 1, 1973]

RESCUING THE VICTIMS WHO CAN'T FIGHT BACK

Among the most unpleasant stories we come across in the news business are reports of child abuse—chilling accounts of the neglect, battering, torture and occasional killing of helpless children by their parents or other adults. Somehow, most people would prefer to believe that these instances of inhumanity must be extremely rare, or perhaps limited exclusively to poor and uneducated families. But experts can tell you that child abuse is unique to no one special group, and that it is a phenomenon far more widespread than is generally believed.

As it happens, the instances gaining the most public attention are usually cases of fatal or near-fatal beatings, in which a parent has been charged. But increasingly, authorities are discovering evidence that repeated physical torture and other severe mistreatment of children are going unreported because people are afraid or at least reluctant to notify police. Worse still, many of the young victims who finally are removed from their homes after tragic experiences are subsequently returned to those homes—only to endure more horror.

There is no precise way to calculate the degree of permanent damage to human lives in these instances largely because there aren't any reliable statistics on the extent of the problem. Moreover, the procedures for dealing with child abuse cases are, for the most part, failing to meet the need for major remedial action.

At least in Greater Washington there has been some movement to improve approaches to child abuse, stemming from a singularly tragic case in Montgomery County last year. Attention focused on the problem when a 9-year-old Damascus girl died, apparently from beating, burning and other ill treatment; her father and stepmother are awaiting trial on a charge of murder.

Citing this case in the Maryland General Assembly recently State Senator Victor L. Crawford (D-Montgomery) has urged passage of a bill designed to give social workers and police greater power to enter homes where instances of child abuse are suspected. Senator Crawford explains that because social workers lack the authority to force their way into such homes, they were unable to go into the home where they suspected that the Damascus girl was being mistreated last year.

Under existing law, social workers accompanied by police may force their way into a home if they think there "is probable cause" to believe that a serious crime is being committed; but "probable cause" is a legal term meaning that police must have more than a mere suspicion of wrongdoing, and they must obtain a warrant before forcibly entering. Senator Crawford's bill would permit social workers to enter homes without a warrant when they suspect a case of child abuse, to remove any children found to be in danger. Police would be required to accompany social workers for their protection, but not necessarily to make arrests. If a social worker decided to remove a child, a petition would have to be filed with juvenile court and court action taken within two days.

The Crawford bill has met some understandable opposition, for it does alter established safeguards against indiscriminate breaking into homes by authorities. Montgomery County State's Attorney Andrew L. Sonner—a leader in the effort to focus more attention on child abuse problems—has argued that the proposal is unnecessary, noting that since the case of the girl last year, Montgomery County officials have worked out procedures with police to handle emergency cases.

Besides, he says, "I'm not sure I want our citizens to have their homes broken into without probable cause. There ought to be some information the police are acting on, some standards of probable cause as in other cases." Furthermore, says Mr. Sonner, the bill might hinder social workers because it would require them to be accompanied by police when seeking entry into a home. A spokesman for state social workers, also attacking the proposal, says it would give too much power to social workers.

If every prosecutor's office in Maryland were as concerned about child abuse cases as Mr. Sonner is, and if all local police forces had the manpower and concern to assist social workers in their often dangerous assignments, there might not be any need for legislation along the lines of Senator Crawford's proposals. But the established procedures for recognizing and reporting child abuse cases haven't been working well—and children's lives are at stake. With sensitive and specific safeguards to restrict indiscriminate invasions by social workers and policemen, the Crawford proposal may be worth a careful test.

Legislative attention ought not to stop at this level, however; the concern voiced by Mr. Sonner and others—that identification of child abuse cases is only one part of the problem—is not addressed by the Crawford bill. The handling and treatment of reported cases, the decisions of when (or whether) to return children to their homes, and the whole approach to family-problem situations all cry out for more official concern.

Nationally, some of the more successful programs involve a team approach to child abuse cases, combining the talents of professional experts in all aspects of the problem—psychologists, nurses, social workers, attorneys, teachers, police and so on. Such teams can review abuse cases quickly and decide what measures might help resolve conditions contributing to each case·thus the responsibility for critical decisions is not dumped on one overworked or possibly incompetent social worker, or on a lone policeman who has many other pressing duties.

But the level of interest and concern among local agencies, state legislators, physicians—and the general public—never seems to go much beyond brief spurts of hand-wringing and quick-fix proposals in reaction to some especially chilling case that makes the headlines. Meanwhile, little lives are being threatened and ruined, and the cruelty takes many forms besides physical assault and battery. There are children who are starved, neglected, exploited, overworked and exposed to unwholesome or demoralizing circumstances. They are victims who cannot fight back, who cannot even report the crimes committed against them.

With the General Assembly now in session, and with Senator Crawford, State's Attorney Sonner and others pushing for new ways to approach child abuse problems, Maryland could take the lead in efforts to rescue and protect mistreated children. We hope the lawmakers in Annapolis will not let this important opportunity pass them by.

[From the Washington Star-News, Apr. 2, 1973]

THE BATTERED CHILDREN

Of all the loathsome happenings we can remember in this area, none was more repelling than this latest rash of child-abuse incidents, two of which resulted in the deaths of children and conviction of adults. Now there's a new charge in Montgomery County, against parents whose three-months-old baby died Monday night. No one can presume to judge guilt or innocence in that case. But this whole subject was brought into chilling focus this week before a Senate subcommittee.

Anyone who saw the film slide presentation before that panel will never forget it. Indeed a good many people in that committee room diverted their eyes, so unbearable were the pictures being shown by a team of specialists from Children's Hospital. Those who watched saw a procession of infants and preteen children who had been brutally tortured—beaten, burned, scalded, wounded with forks and other instruments. Some had broken limbs. These things were suffered at the hands of parents and guardians, and it all happened here in the Washington area.

Worst of all, these cases apparently represented just a fraction of the whole picture. Dr. Robert H. Parrott, director of Children's Hospital, said the facility handled about 100 of the 150 child abuse cases reported in the District last year, "and we estimate there are three times that many occurring each year, but going undetected."

And in Montgomery County, suspected child abuse cases reported thus far this year exceed half the number for all of 1972, and are more than double those for 1971. This probably reflects an improvement of reporting more than an increase of abuse, because the area was startled into a recognition of the problem. The death of nine-year-old Donna Anne Stern under horrifying circumstances, and the murder conviction of her stepmother this month, didn't escape the attention of very many Montgomery countians. About half of this year's suspected cases have been reported by the school system, which has acquired a keener awareness of its obligation in this field.

But still there are serious shortcomings. Professional forces dealing with this dilemma—especially in the social and psychiatric services—are badly understaffed. Sometimes there has been poor communication between the responsible agencies. Some children who might have been saved from injury or death haven't been removed from abusive homes in time. And deficiencies of law deserve much blame, too. In Maryland, protective services workers don't have authority to enter a home, to investigate possible child abuse, without a warrant. Other citizens often hesitate to speak up for fear they won't have legal immunity in reporting abuse cases. However, these drawbacks, and some others, would be removed by legislation now before the General Assembly. This session should produce new law to speed the identification and psychiatric treatment of child abusers, and afford better protection for the children.

The need for a strong federal assault on this problem is apparent, though, for most states are lagging dismally while children suffer. Senator Walter Mondale, whose subcommittee heard and viewed the grim testimony this week, has the most promising plan. He would establish a National Center and a National Commission on Child Abuse and Neglect, and require the states to draw up acceptable plans for remedial programs. Congress should approve this approach, along with enough funding to assist the states on a major scale.

[From the Washington Post, Nov. 9, 1972]

EXPERTS SAY MOST TEENAGE SLAYERS WERE ABUSED AS CHILDREN

(By Ivan G. Goldman)

Children who are physically abused by their parents tend to batter their own children after they themselves grow up and become parents, experts at a symposium on child abuse agreed in Gaithersburg yesterday.

Studies show that a majority of teen-age murderers and would-be murderers were battered children, said Dr. John Dorst, Johns Hopkins University Hospital pediatric radiologist.

"Sirhan Sirhan, the assassin of Robert Kennedy, was a battered child," asserted Dr. Reginald Lourie, psychiatrist at the Hillcrest Children's Center in Washington. Lourie said Sirhan was abused as a child by his father.

Experts at the symposium, sponsored by the Montgomery County state's attorney's office and the Community Coordinated Child Care Council of Montgomery County, a new child advocacy organization, attempted to describe child abuse, its causes, and methods to halt it.

The conference was attended by about 250 teachers, counselors, social workers, health care officials and others working in agencies dealing with children.

Montgomery State's Attorney Andrew L. Sonner said the symposium came about after attention was focused on child abuse in the county in May, when a 9-year-old Damascus girl, Donna Anne Stern, died, apparently from beating, burning, and other ill treatment. Her parents have been charged with murder.

"Our office deals day in and day out with man's inhumanity to man," Sonner said, "but I still can't bear to look at the photographs in that case. I have a daughter at home the same age."

Sonner said his office decided to research the entire problem of child abuse and found that a model system was functioning in Colorado Springs, Colo., where a board of social workers, health and police officials, physicians and prosecutors decides action in suspected instances of child abuse.

Speakers from Colorado Springs stressed the importance of proper liaison between the agencies and education of the public so that suspected instances are reported.

Sonner said that in 80 per cent of the cases in which authorities remove children from the home because they were physically abused, the children can be returned safely to the parents after the latter have received proper therapy.

In most cases, he added, criminal prosecution of the parents is not necessary. "We're not anxious to further populate the jails," he said.

Capt. Gabriel Lamastra of the Montgomery County Juvenile Aid Bureau said that as of Oct. 25, 41 instances of child abuse had been reported in the county this year. Four reports were unfounded, he said, and seven children were removed from homes following investigations. Arrests were made in six of the cases, he said.

Dr. Dorst said that parents who physically harm their children might come from any socioeconomic background, and that in many cases they want help but are afraid to request it.

"There is no one pattern we're dealing with," Dr. Lourie said.

[From the Washington Star-News, Mar. 22, 1973]

MONTGOMERY CHILD ABUSE REPORTS RISE

(By Lurma Rackley)

Reports of suspected child abuse cases in Montgomery County this year already have exceeded half the number called to the attention of authorities in all of 1972. The new figures are more than double those for 1971.

About half of this year's suspected cases have been reported by the school system, which in the past has been reluctant to get involved, according to county officials. The rest of the reports came from hospitals, social workers and concerned citizens.

Maj. John A. Bechtel, director of the criminal investigations division of the police department and former chief of juvenile aid for Montgomery, said publicity surrounding the death last year of 9-year-old Donna Anne Stern played a signifiant part in increasing public concern over child abuse and neglect.

Donna's father and stepmother were arrested and charged with murder, child abuse, and assault and battery. The stepmother, 33-year-old Jo Anna Stern, was found sane and guilty of first-degree murder last week in Montgomery County Circuit Court. Walter Stern, 35, is to be tried later this year.

County departments and agencies reacted to Donna's death by changing procedures followed in such cases. Robert Drudge, supervisor of Child Protective Services, said:

"We have improved . . . and I believe we have a top-notch service here offering assistance" to abused children and their families.

Bechtel said 12 reports of suspected child abuse were made to police and the social services department in 1971. There were 53 in 1972, and 27 so far this year.

Of the 92 cases, Bechtel said, only two ended up in court. Problems often can be solved through the county's Mental Health Agency or Social Services Department, rather than by prosecuting parents, he added.

Of the 27 child abuse reports officials received this year, 14 were determined to be unfounded and 13 were turned over to the state's attorney's office. No arrests have been made so far.

State's Atty. Andrew L. Sonmer echoed Bechtel's sentiments about prosecuting parents. "We go to court only if it is necessary to protect the child and the public," Sonner said.

According to national figures, Sonner explained, at least 80 percent of the child abuse or neglect cases can be solved by assisting parents, and the child usually can be returned to a normal family atmosphere within a year after being removed from the home.

Procedures for handling cases and potential cases of child abuse and neglect came under heavy criticism last year after the death of the Stern girl on May 1.

Before then, Bechtel said, about half of the reports of suspected child abuse would come to police and the other half would go to the county's protective services department—with little communication between the two units.

Now, he said, information is passed between the two more regularly and "occasionally, we go to the scene together." Bechtel said protective services workers do not now have the authority to enter a home without a warrant, but police can do so if they have reasonable grounds for suspecting that a felony, such as child abuse, has been committed.

Bills which would change child abuse laws are now before the General Assembly in Annapolis.

One, proposed by Montgomery County Executive James P. Gleason, would give protective services workers the legal authority to enter a home without a permit if child abuse is suspected. It also would reduce child abuse from a felony to a misdemeanor.

Gleason has said his bill is not intended to downgrade the seriousness of child abuse but to rectify a situation in which some cases are not reported by persons hesitant to involve families in serious criminal charges.

Gleason said he wants to stress "rehabilitation, not punishment" for persons abusing a child.

Among the changes already made in Drudge's department is a mandatory requirement that "within an hour of receipt of all calls of child abuse, we are out with the juvenile aid section (police) to where the child is." This procedure, Drudge said, began last June.

Previously, a social worker had the option either to visit a home where abuse or neglect was suspected or to send a letter. With reported neglect, but not abuse cases, the worker still has the option to call or write rather than visit the home immediately.

Drudge said the county also has approved supplemental funds to hire five additional social workers for his department and is now in the process of interviewing and hiring them. There are now only five such employees.

Drudge said his office rarely has contact with the state's attorney because the policeman who accompanies the social worker to a home determines whether or not a law has been violated and, if so, reports it to Sonner's office.

"Our (protective services) focus is on the child," Drudge said.

Changes in child abuse procedures in the school system are more evident than in other agencies. Since last year, school officials have drafted, and given to all school personnel, forms for reporting suspected cases of abuse and neglect.

Further, if a teacher suspects abuse, a call must be placed immediately to protective services with a followup letter sent the next day to social services, the juvenile aid bureau and the area pupil services office.

Explanations of child abuse laws—including the fact that only children under 16 are protected and persons reporting such cases are immune from civil liability—have been written in pamphlets and distributed in the schools.

[From the Washington Post, Mar. 16, 1973]

JURY RULES STEPMOTHER IS SANE, GUILTY IN TORTURE SLAYING OF GIRL

(By LaBarbara Bowman)

A Montgomery County Circuit Court jury, after deliberating 55 minutes yesterday, found JoAnna Stern, 33, guilty of the premediated murder last year of her 9-year-old stepdaughter Donna, after she tortured the child for two weeks.

Mrs. Stern, who had sat seemingly emotionless through the nine-day trail, even while pictures of the child's partially burned and charred body were shown, nodded her head almost imperceptibly up and down at the verdict.

A slight ripple of applause and audible sighs went through the audience of about 100 when jury forewoman Gail Epstein said, "We find JoAnna Stern sane and guilty of murder in the first degree."

Judge Philip M. Fairbanks, the presiding judge in the case, said he will pronounce sentence on Mrs. Stern on April 4. Life imprisonment is the mandatory punishment for first degree murder with parole coming possibly after 15 years.

In reaching the verdict of guilty of first degree murder, the jury rejected the entire defense case, which was that Mrs. Stern was innocent and innocent by reason of insanity. The defense had claimed that Mrs. Stern suffered episodes of temporary insanity that made her unaware of what she was doing to her stepdaughter.

The jury instead apparently quickly agreed with the prosecutor, who contended that Mrs. Stern systematically and with deliberateness meant to kill her stepdaughter for reasons that were hinted at, but never made clear during the trial.

Donna Stern's death last May 1, of second and third degree burns over half her body became one of Montgomery County's most publicized battered child incidents and led to changes in county police, school and welfare department methods of finding and helping children abused by their parents.

According to testimony given during the trial Mrs. Stern and her husband Walter, 35 bathed the child in steaming baths then put Clorox and peroxide on her until there was charred skin developing into gangrene on her hips and both feet.

Stern, Donna's natural father, is scheduled to stand trial next month on a murder charge in connection with the girl's death.

On the day of her death her stepmother beat her after one of the baths when Donna told her she could not get out of the bath tub and then scrubbed her feet with steel wool to remove some of the dead skin.

Six psychiatrists—four for the prosecution and two for the defense—testified at the trial and although they agreed that the defendant suffered some personality disorder the prosecution psychiatrists stated that her condition was not severe enough to relieve her of responsibility for the child's death.

Defense psychiatrists argued just the opposite—that because of a difficult pregnancy, a violent husband, seven other children and problems with Donna, the personality disorder was so severe that Mrs. Stern suffered periods of "psychotic rages" when she was out of touch with reality and these occurred when she abused the child.

In his closing argument before the jury began its deliberations yesterday, Assistant State's Attorney J. James McKenna declared:

"This lady committed the crime of murder . . . she killed that child as surely as if she had taken a gun but that would have been no fun so she killed her by degrees . . . she intended to kill that child and she did, she just wore her out."

Referring to her plea of not guilty by reason of insanity McKenna said, "a psychotic may kill, but never torture." He had contended throughout the trial that Mrs. Stern had a sadistic nature.

Defense attorney Page J. Digman in his last statement to the jury maintained that his client was insane at the time of the crime, but also that she "cried out for help in her own way . . . even with her own stresses and strains, she was pregnant at the time," he said. A baby girl was born to Mrs. Stern two months after her arrest.

Judge Fairbanks in his lengthy instructions to the jury explained that the defendant could be found guilty of first or second degree muder, or manslaughter. Only if the jury acquitted her of the murder charge or its variations would they then have considered her guilt or innocence of the other two charges against her, child abuse and assault.

Sources close to the trial said yesterday that on the trial's second day, Mrs. Stern attempted to plead guilty to the charges against her, but the judge rejected the attempt.

These sources said Mrs. Stern told the judge she wanted the trial stopped because she did not want her children to testify and she did not want her family put through the stress of the trial. The sources said the judge ruled that these were not adequate grounds for a guilty plea.

The day before Mrs. Stern's alleged attempted plea, her oldest daughter had testified for the prosecution against her mother, recounting some of the beatings and baths both parents had administered and how Donna was bound hand and feet and jagged and placed in a closet for about 14 hours two days before she died. After her testimony the girl, 15, walked slowly to her mother then fell crying into her arms.

The eight surviving children are living with relatives because both parents have been in the county detention center held without bond since their arrest.

About a month ago a small blue granite tombstone was placed on Donna's simple grave in an upper county cemetery. The inscription says only Donna Ann Stern, June 11, 1963, to May 1, 1972, and there is a small angel at the bottom. It cost the family $150.

[From the Washington Post, Mar. 7, 1973]

DAUGHTER TESTIFIES MOTHER WHIPPED MONTGOMERY GIRL

(By LaBarbara Bowman)

JoAnn Stern, 33, charged with the murder of her 9-year-old stepdaughter, Donna, last May, whipped the girl and poured Clorox into her bath water a few weeks before the child's death, Mrs. Stern's daughter told a Montgomery County Circuit Court yesterday.

Victoria Martin, 15, gave the testimony during the first day of the trial of her mother, who has been charged with murder, child abuse and assault and battery in the death of Donna Stern at the family's rural Montgomery County home, in May, 1972.

Mrs. Stern has pleaded not guilty and not guilty by reason of insanity. Similar charges have been placed against her husband, Walter Stern, 35, whose trial is expected to begin next month.

Earlier in the day prosecuting attorney J. James McKenna painted a picture of alleged systematic torture of the girl by both parents during the two weeks preceding her death. McKenna's remarks were in his opening statement to the jury of nine women and three men.

The death of Donna, which became one of Montgomery County's most publicized battered child incidents, led to changes in county police, school and health department methods of finding and helping children abused by their parents.

According to an autopsy report, the child's death was caused by "beating and both chemical and thermal burns over more than half her body."

Victoria Martin, or Vicki as she is usually called, testified that she saw her mother pour liquid Clorox into Donna's bath water and used a bath brush "once or twice" to scrub her stepsister, a few weeks before Donna's death.

The 15-year-old also said "Mama used to whip her (Donna) . . . mostly on the bottom" but sometimes also on the arms and legs with a belt or paddle. The 9-year-old was sometimes nude when she was beaten, Vicki said.

When asked to describe Donna's hips during the last weeks of the child's life, Vicki said, "when she got the burns and the whippings . . . it was either red or purple to black . . . it was different colors."

"Once or twice," Vicki said, she saw her step-sister with black eyes but did not know how she had received them.

The teen-ager, dressed in jeans, and a brown pullover sweater and with shoulder-length brown hair parted in the center, remained calm on the witness stand. When she finished her testimony, she walked up to her mother and fell crying into her arms.

In his opening statement to the jury, deputy state's attorney McKenna painted a grim picture of Donna's life a few weeks before her death when her parents allegedly punished her with whippings with a plastic brush or having "an electric iron placed to her buttocks."

McKenna contended that two days before Donna's death her feet, arms and mouth were bound with heavy tape and she was placed in a closet from morning until Saturday night. When she started to "thump" on the closet walls, Mrs. Stern complained to her husband and Mr. Stern allegedly yelled to the girl to keep quiet, McKenna alleged.

On April 31, the day of Donna's death, McKenna contended that Mrs. Stern bathed Donna and put Clorox and peroxide "on the open wounds" that had developed on the girl's body.

Mrs. Stern then "took an SOS pad and scrubbed the wounds," McKenna charged.

The jury was shown color pictures of the girl's bruised, burned and sore-ridden body taken by the Montgomery county police after her death.

Defense attorney Page J. Digman had sought to bar the pictures as evidence on the grounds that they were inflammatory and prejudicial to his client.

Before the trial started with the selection of the jury, Circuit Court Judge Philip M. Fairbanks ruled on two pretrial motions.

Fairbanks ruled that blood-stained bedding and towels that the police removed from the Stern home during a search without a warrant could not be admitted into evidence.

The judge also ruled he would make no decision on the admissibility of a statement Mrs. Stern gave the police before she was arrested until a psychiatrist testified.

The trial continues today.

[From the Washington Post, Mar. 14, 1973]

MRS. STERN'S "INSANITY" DISPUTED BY DOCTORS

(By LaBarbara Bowman)

Six psychiatrists testifying yesterday at the murder trial of JoAnna Stern, who is charged with slaying her stepdaughter, agreed that the stepmother suffered some mental disorders but disagreed as to whether they were severe enough to cause episodes of temporary insanity.

Two defense psychiatrists portrayed Mrs. Stern as a woman "so overwhelmed with anxiety she was unable to think clearly" because of stresses of everyday life in her family of 10.

But four psychiatrists presented by the prosecution disputed this view. "She is a person who gains pleasure from inflicting pain . . . a certain satisfaction . . . this seems to be part of her personality," one of the doctors said.

The conflicting testimony came during the sixth day of the trial with defense attorney Page J. Digman seeking to strengthen his contention that Mrs. Stern, 33, was temporarily insane some of the time during the two weeks preceding her stepdaughter's death and therefore cannot be held accountable for any injuries she caused the child.

The girl, Donna Stern, 9 died last May 1 of beatings and burns.

Prosecuting attorney J. James McKenna has alleged however that Mrs. Stern systematically and with complete sanity caused the second and third degree burns that covered about half of her stepdaughter's body and eventually led to her death.

Walter Stern, 35, the defendant's husband, will stand trial for murder in the same incident next month. He is the natural father of Donna, the victim.

Dr. Wilbur Hannon, testifying for the defense, said Mrs. Stern suffered a "character disorder" which made her unable "to cope with reality" and therefore "she did not realize that Donna was near death."

This inability to "recognize how seriously ill" Donna was even after she was badly burned was an indication that Mrs. Stern "was functioning on a psychotic level," Hennon said. Dr. David Lockwood, the head psychiatrist at Montgomery General Hospital, who finished two days of testimony yesterday, agreed.

However Dr. Jean Cushing, administrator of the Montgomery County branch of the Springfield State Hospital found nothing psychotic in her behavior.

Although the stepmother suffered "an inadequate personality" this was not severe enough to cause insanity, this witness testifies. Instead he described her "as a sadist individual who got more pleasure . . . out of inflicting pain, especially pain by frustrating people," he said.

Three other psychiatrists called by the defense supported Dr. Cushing's diagnosis although they disagreed in minor detail on exactly what mental disorder Mrs. Stern allegedly suffered.

The trial is expected to go to the jury today after both attorneys give closing statements and the judge gives the jury instructions on deciding the law in the case.

JURY TOLD MRS. STERN HAD "RAGE" SPELLS

Concerned about a difficult pregnancy, eight children, a violent husband and a "provocative" stepdaughter who was her father's favorite, JoAnna Stern periodically flew into "vicious punitive rage attacks" against the 9-year-old girl.

This was the testimony yesterday of a psychiatrist for the defense as the trial of Mrs. Stern, 33, in the murder of the child moved into its second week.

Dr. David Lockwood, told the jury the defendant "exploded and exploded more frequently as time went on" against Donna, whom the stepmother allegedly killed in May, 1972, at the family's rural Montgomery county home.

Donna died of second- and third-degree burns over half of her body and loss of fluids from the open wounds, after she was allegedly tortured for two weeks by her parents. Her stepmother had pleaded not guilty and not guilty by reason of insanity to murder, child abuse and assault and battery charges. The father, Walter, 35, will stand trial next month on the same charges.

Dr. Lockwood's testimony that "at the time the vicious punitive rage attacks were made . . . she was disordered definitely," was to buttress the defense contention that the stepmother was temporarily insane and therefore could not be held accountable for her deeds.

He testified that Mrs. Stern was "intermittently psychotic" and during some of these episodes she hurt Donna. "Given provocation . . . she can lash out and do unbelievable things," he said to the jury of nine women and three men.

The psychiatrist also contended that Mrs. Stern did not plan to kill her stepdaughter. "There is no doubt in my mind that she was angry at the child but she didn't try with premeditation to kill her," Dr. Lockwood said.

He added that in her own way, "she cared" about Donna and her welfare.

Prosecuting attorney J. James McKenna questioned the credibility of Dr. Lockwood's diagnosis that the defendant suffered "episodes of psychotic rage."

The prosecution has contended that Mrs. Stern hated Donna and systematically went about killing the child.

McKenna asked the psychiatrist about an incident two days before Donna's death when Mrs. Stern locked her in a closet. Was the stepmother undergoing one of the rages then? the prosecutor asked.

"Yes," Dr. Lockwood replied.

However when McKenna next asked if he meant that for 12 hours, the duration of Donna's incarceration in the closet, that Mrs. Stern was suffering "a psychotic episode," Dr. Lockwood replied, "No." He did not explain his answers.

A little later, McKenna asked him to explain why Mrs. Stern had taken one of her natural children to the doctor in October, 1971, with a minor skin rash but had not taken Donna after she was badly burned because of Clorox and peroxide allegedly placed in her bath water.

"I can't," the psychiatrist answered, but later said it may have been because the parents feared the questions they would be asked about how the child was burned.

Lockwood also testified last Thursday but out of the hearing of the jury.

At his first appearance before the court, he stated that a "triangle" existed among Donna, her mother and her father, that the child was vying for her father's attention, and therefore her mother was jealous.

[From the Washington Star-News, Mar. —, 1973]

STEPMOTHER GETS LIFE IN SLAYING

Jo Anna Stern today was sentenced to life imprisonment in the torture slaying of her 9-year-old stepdaughter.

Mrs. Stern, 33, received the maximum sentence from Judge Philip M. Fairbanks, in Montgomery Circuit Court, where a jury convicted her last month of first-degree murder in the child's death. She will be eligible for parole in 15 years.

Her husband, Walter T. Stern Jr., 35, is awaiting trial on charges of murder, child abuse and assault and battery in the death of the girl, who was his daughter by a previous marriage.

The girl, Donna, died in Suburban Hospital last May 1, with burns and other injuries over much of her body. Two days later a county grand jury indicted Stern, a Damascus plumber, and his wife of two months.

They lived in the rural area of Cedar Grove in upper Montgomery.

Mrs. Stern told the court today that she will seek help from the Maryland Public Defender service to appeal her case because family funds to pay for private counsel have run out.

It was the Stern case that prompted a number of reports of suspected child abuse in Montgomery County. The reports made so far this year already exceed half the number called to the attention of authorities in all of 1972, leading Gov. Marvin Mandel to demand a report last Friday on the county's welfare procedures in the deaths of the Stern daughter and another child death in the county.

About half of this year's suspected cases (there have been 27 in the county so far this year) have been reported by the school system, which in the past has been reluctant to get involved, according to county officials. The rest of the reports come from hospitals, social workers and concerned citizens.

The investigation ordered by Mandel was urged by Sen. Victor L. Crawford, D-Montgomery, sponsor of two pending measures designed to strengthen state procedures in handling child abuse cases.

Crawford, angered over the death of the two children from injuries attributed to child abuse contacted Mandel last Thursday.

At the trial during which Mrs. Stern pleaded not guilty by reason of insanity, there was testimony that on the night Donna died, her stepmother had burned the child with a steam iron, beat her repeatedly and bathed her wounds in Clorox.

Three months before Donna died, as a result of the chemical burns over more than half of her body, Mrs. Stern asked a Montgomery County policewoman to take the child from her Damascus home, the trial was told. The policewoman declined, and instead a caseworker with the county's social services department was assigned, but efforts to contact the Sterns failed and, six weeks before Donna died, the case was closed.

Mrs. Stern's 15-year-old daughter testified in the trial that Donna had been beaten every day during the last weeks of her life.

Mandel told a press conference last week that he was not aware of the situation in Montgomery County until questioned by a reporter.

The Maryland Senate has given preliminary approval to a Crawford resolution to create a nine-member study commission to recommend a statewide child abuse prevention program to the 1974 General Assembly.

The House, meanwhile gave preliminary approval to a bill requiring all ranks of medical personnel, as well as any citizen, to report child abuse cases to police or welfare officials.

[From the Washington Post, Mar. 9, 1973]

Clorox Bath Given Dead Girl Described

(By LaBarbara Bowman)

"I was determined to get rid of the infection . . . I put peroxide on her and let it cook . . . then I poured Clorox on her" as an "extra precaution," JoAnn Stern, 33, told police after her stepdaughter Donna, 9, died last May 1.

A few hours after the bath of peroxide and Clorox, Donna Stern was dead as a result of second and third degree burns over half her body caused by liquid chemicals.

Mrs. Stern's statement describing how she and her husband whipped Donna, burned her lips with an electric iron, bathed her almost daily in Clorox or peroxide, and locked her in a closet with her hands, feet and mouth bound for many hours during the weeks preceding her death, were read aloud to a Montgomery County Circuit Court jury yesterday.

The statement came during the third day of Mrs. Stern's trial on a charge of murdering Donna. The girl's father, Walter, 35, will be tried later, also on the murder charge. Both parents, who have been held at the county detention center without bond since the incident, are also charged with child abuse and assault and battery.

According to the statement Mrs. Stern said she went to her mother's house a little while after Donna died and told two aunts that were there:

"I told them I think Bunny (her husband's nickname) and I have killed Donna. Those were my very words. That was the way I felt and that's what I think," according to her statement.

Mrs. Stern has pleaded not guilty and not guilty by reason of insantity to the charges.

According to the statement, Donna told her stepmother after the bath, she could not stand up so Mrs. Stern said she "paddled her stepdaughter. When the child finally got out of the tub in the family's rural home, her stepmother noticed some dried skin around the sores of the child's feet.

"I scrubbed her feet with steeel wool," Mrs. Stern said in the statement which was read by prosecuting attorney J. James McKenna. Then she bandaged the feet with gauze and Donna went to bed.

The slightly filled courtroom was completely silent during the reading. Mrs. Stern, in a royal blue dress, sat slumped down in her chair beside her attorney, her left hand on her chin as the statement was read. One woman juror dabbed tears from her eyes. At the conclusion of the statement three women hurriedly left the courtroom.

Although the statement was admitted into evidence, the prosecution and defense still must argue whether or not it was given voluntarily to the police three hours after the girl's death when Mrs. Stern was brought to the Rockville station.

The defense objected to the introduction of the statement, maintaining that Mrs. Stern did not have complete control of herself when she made the statement. Her comments as recorded by police took up 15 handwritten pages, each of which bears her signature.

The successful introduction of the statement by prosecutor McKenna is to buttress his contention that the torture of the child took place over a period of time and therefore was premeditated and deliberate.

McKenna is pressing the murder charges on two basis grounds: that the stepmother deliberately and with premeditation intended to kill the child; and that the child was murdered as the result of mayhem committed by the woman. He defined mayhem as intentional crippling or maiming.

According to Mrs. Stern's statement, she started giving Donna baths when the child got a foot infection after wading in a creek near her grandmother's home in Virginia where the family vacationed over Easter, 1972. These baths, plus the beatings were administered daily during the last two weeks of the girl's life, the statement said.

The defense argued in a motion for acquital yesterday that Donna's fatal injuries were suffered while her parents were trying to cure her foot infection. Judge Philip M. Fairbanks denied the motion and the defense began its case.

The first defense witness, Dr. David Lockwood, a psychiatrist, said he believed that Mrs. Stern was suffering from a mental disorder that made her "periodically unable to control her behavior almost to a psychotic degree."

He also said that "someone who would beat a child where there is already blood, burned and charred (skin) . . . they are psychotic at that time."

In his testimony, based on a series of interviews with Mrs. Stern after her arrest, Lockwood characterized Donna as "aggressive" and "provocative," competing with Mrs. Stern for her father's attention.

He said the Stern's marriage was "stormy" and Mrs. Stern was having a difficult pregnancy at the time of Donna's death.

Yesterday's phychiatric testimony was given out of hearing of the jury because Fairbanks has not yet ruled whether he or the jury will decide the sanity question.

Lockwood is scheduled to resume his testimony today.

[From the Washington Post, Mar. 30, 1973]

COUPLE HELD IN DEATH OF GIRL

(By LaBarbara Bowman)

A young Montgomery County couple was arrested yesterday afternoon at their trailer in the rural northern part of the county and charged with murdering their 3-month-old daughter Monday night, county police said.

After the child was pronounced dead on arrival at Montgomery General Hospital, where she was born Dec. 28, the parents were charged with felonious child abuse and released on personal recognizance. Bond has not been set on the newest charges.

The parents, or Sabrina Lynn Ward, Gary L. and Melody Mary Ward, aged 22 and 20, respectively, were arrested at Oakwood Farms in Germantown where they have lived in a small trailer since Ward took a job at the farm this month.

Deputy State Medical Examiner Ronald Kornblum said yesterday, he believes "it is a little premature to issue murder warrants" because he conducted the autopsy on the child's body and has not determined the cause of her death.

The doctor said he found evidence of hemorrhaging in Sabrina's face and head but "is that enough to kill her . . .? I don't think it is . . . I'm reserving judgment," pending further tests, Kornblum said. There were also pinkish bruises on her cheeks and buttocks, he said.

Lt. Charles Federline, police spokesman, said that the state medical examiners office had told police that the baby died of a cerebral hematoma, or brain hemorrhage.

The child died three days after it was returned to its parents by the county department of social services. The infant had been taken from the parents' custody on Feb. 16 on orders of Juvenile Court Judge John C. Tracey because of reports of neglect and put in the custody of the social services department.

County Executive James P. Gleason said yesterday he will ask that the procedure that allows social services workers discretion in handling neglect cases be changed so that Juvenile Court judges alone will decide when the children will be returned to their families.

Later yesterday, County Council member Elizabeth Scull, who is a member of the local board of social services, said she intends to investigate how the department handles child neglect and abuse cases referred to it, and the children who are placed in its care.

Tracey said there was no evidence of physical abuse to the child and the determination of neglect was based on the fact that the family did not have a permanent address and the father was unemployed.

On Tuesday, Judge Tracey said he found the return of the child to the parents by the social services department inexplicable.

Yesterday, the judge said: "I do not find difficulty with the return of the child without prior order of the court."

He explained that in child neglect cases, such as the Ward case, welfare workers frequently return children to parents once the family has a permanent address and employment, despite the fact that technically the court has sole jurisdiction and control over the disposition of the child.

Social services director William E. Royer declined again yesterday to comment on the case and his agency role, saying he was prohibited from making information public because of a law regarding confidentiality about clients. Royer and social worker Alan Wright, who reportedly sent the child back to the parents, met with Gleason on Tuesday and yesterday to discuss the Ward case.

The child's death followed by two weeks the murder trial of JoAnne Stern, who was found guilty of torturing her 9-year-old daughter to death last year.

The social services department altered its procedures in handling child abuse and neglect cases after the death last year of a 9-year-old child in an effort to insure that nothing like that could happen again.

Gleason also complained that a bill he had submitted this year to the state legislature that would have given him power to appoint the department's top two administrators had received little attention from the legislators. If approved, he said, the bill would insure that the department would be responsive to the county government.

The social services department is a state agency whose top staff is appointed by a state board.

[From the Washington Star-News, Mar. 27, 1973]

MONTGOMERY PAIR CHARGED IN DEATH OF INFANT DAUGHTER

(By Chris Lorenzo)

A Montgomery County couple has been charged with felonious child abuse after the death of their infant daughter.

The child had been taken from the parents' custody, but was returned to them Friday by the county's Social Services Department.

According to police, Sebrina Lynn Ward, who would have been 3 months old tomorrow, was pronounced dead at Montgomery General Hospital yesterday at 7:05 p.m. after being taken there by ambulance.

Police said Gary and Melody Ward of Route 118, Oakwood Farms, Germantown, were arrested at the hospital and charged. They have been released on personal bond. The father is 22 and the mother 20.

Police sources said there were old and new bruises on the child's face and on the buttocks. There was a "clear imprint of an adult hand on the child's face—on each side," one police source said. An autopsy was to be performed today.

According to Judge John C. Tracey of Montgomery Juvenile Court, he had committed the child last month to the Social Services Department of the county for placement in a foster home. He said as far as the court was concerned, the child was presumed to be in a foster home. Judge Tracey did not reveal further details of the earlier hearing at which the child was taken from the parent's custody.

Neither Robert Drudge, supervisor of Child Protective Services for the county, nor the case worker reportedly handled the case could be reached for comment. An aide in their department said they were both in conference.

Ward's sister, Mary Bladen, who had filed the original complaint resulting in the court taking custody of the infant in February, said today she didn't even know her brother had the child back until he called her last night to tell her the infant was dead.

"My brother called me about 8:45 p.m.—he just told me that he had some bad news for me—that the baby was dead," Mrs. Bladen said.

When she asked her brother what happened, she said he told her, "The baby starting choking and she couldn't get her breath."

According to Mrs. Bladen, she had taken care of the infant for the young couple several times since the baby was born in December. The Wards had been living out of a car moving from place to place in upper Montgomery County, she said.

Mrs. Bladen said she asked the county for help and appeared before Judge Tracey on Feb. 13 to ask for custody. The Wards had already dropped the baby off with her on Feb. 8, she said.

She said the judge gave her custody but on Feb. 15 when her brother came to her home to pick up the child, he took her away.

There was a hearing before the judge the next day, Feb. 16, in which the judge ruled that the baby would be put in a foster home for about four weeks pending the outcome of an investigation by the Child Protective Services Bureau, Mrs. Bladen said. The Social Services Department today acknowledged that it had placed the child back with the parents last Friday, but had no further comment.

COUPLE CITED IN DEATH OF INFANT GIRL

(By LaBarbara Bowman and Leon Dash)

A Montgomery County couple has been charged with felonious child abuse in the death of their 3-month-old daughter, Montgomery County police reported yesterday.

The child had been taken from the parents' custody a months ago on orders of a Juvenile Court judge because of reports of neglect. County social service workers returned the infant to the parents Friday without the judge's knowledge or consent, a deviation from usual procedures. Social service officials declined yesterday to comment on any aspect of the case.

The infant, Sabrina Lynn Ward, was pronounced dead Monday night at Montgomery General Hospital, shortly after her parents had called for an ambulance and reportedly said the child had inexplicably stopped breathing.

The parents, Gary L. and Melody Mary Ward, aged 22 and 20 respectively, were arrested at the hospital, charged with child abuse and immediately released on personal recognizance Monday night from the Wheaton-Glenmont police station.

State medical investigators performed an autopsy on the infant yesterday but their preliminary finding did not determine a cause of death. The child had been taken from her parents on Feb. 16 by Juvenile Judge John C. Tracey and placed in the protective custody of the county's department of social services.

"They had no way to take care of the child," Judge Tracey said yesterday. Both parents were out of work and were "living from place to place," he added. The Wards present address is Oakwood Farms, Rte. 118, Germantown.

Judge Tracey said he did not know why the child was returned to parents before a report was given him, the usual procedure in such cases.

The judge added that his usual procedure is at the end of every hearing to announce that he will make the final disposition in a case. But he does not remember whether he made that statement in the Ward case.

But he then said, "I don't know why in this particular case they (the social services department) didn't follow the procedures outlined," . . . "I assume they took it on their own to return the child."

The usual procedure after the investigation by the social workers is to bring all parties to the case before the judge for him to announce his decision.

The department of social services was "supposed to submit an evaluation to me," Tracey said. "I have not seen a report."

Tracey said, however, that there had been no prior evidence of abuse in last month's court case. "There may have been neglect, but prior abuse or threatened abuse of the child—there was no indication of that," he added.

William Royer, director of social services, refused to comment on the case. "We just don't want to talk about it," Royer said. "We will not talk about it until the investigation is complete."

The department altered its procedures in handling child abuse and neglect cases in the aftermth of the death last year of 9-year-old Donna Stern. The child's stepmother recently was convicted of murder in that death. Testimony during the trial showed various unsuccessful attempts by several persons to interest the social services department in the child's well-being before she died.

Robert Drudge, head of the department's protective services unit, said recently that changes had been made to insure that nothing like the Stern case could happen again.

J. James McKenna, the prosecutor in the Stern murder case, said yesterday he will seek murder indictments against the Wards from the county grand jury next week in their baby's death.

Montgomery County Executive James P. Gleason conferred with Drudge, then held a press conference last night at which he criticized the procedure under which the child was returned to its parents.

Sabrina Lynn Ward was born Dec. 28 at Montgomery General Hospital. The father's sister, Mary Bladen, said yesterday she went to Juvenile Court on Feb. 13 and gained temporary custody of the child after a brief hearing before Judge Tracey in which she and her mother alleged the child was being neglected by the parents.

On Feb. 16, the infant was put in custody of county child authorities and sent to a foster home. Last Friday, the baby was returned to the parents. In an interview yesterday, Mrs. Bladen said her brother called her Monday night, saying, "Mary, I've got some bad news for you."

"What's wrong?" Mrs. Bladen asked.

"The baby's dead," Ward replied.

[From the Washington Post, Apr. 6, 1973]

PARENTS FACE MURDER TRIAL IN GIRL'S DEATH

(By LaBarbara Bowman)

A Montgomery County woman has been indicted on first-degree murder charges and her husband on second-degree murder and manslaughter charges in the death last week of their 3-month-old daughter.

Gary Ward, 22, and his wife Melody, 20, of Germantown, were also indicted by the Montgomery County grand jury Wednesday night on charges of child abuse, assault and battery and simple assault.

No cause of the child's death has yet been established officially.

In Annapolis yesterday, the House of Delegates passed and sent to Gov. Marvin Mandel for his signature a bill that would increase the power of social workers to enter homes where child abuse is suspected.

The bill, sponsored by Sen. Victor L. Crawford (D-Montgomery) is the outgrowth of the death of Donna Ann Stern, 9, last May.

The girl's stepmother has been convicted of murder and her father is awaiting trial on murder charges.

After the death of 3-month-old Sabrina Ward last week, Mandel ordered the state social services department to investigate the county department's handling of child abuse and neglect cases.

In addition, sources close to the Montgomery County grand jury said that witnesses who testified yesterday were questioned closely by the grand jury Wednesday about their handling of the Ward case.

The grand jury will resume hearings on the case next week and social services employes will be among the first to testify, sources said.

Sabrina Ward died three days after she was returned to her parents by social worker Alan Wright, although the child was still in the custody of the Juvenile Court. The child had been removed from her home after the court found she was neglected.

When asked if the grand jury was investigating the social services department, State's Attorney Andrew L. Sonner refused to comment, citing a court injunction that prohibited prosecution or defense attorney's from commenting on the case.

Several members of the local board of social services, the public's watchdog over the department, declined to comment on a special meeting they held Tuesday night with department officials to discuss the Ward case because of the injunction, which was issued to prevent pretrial publicity.

Board member Cornell Lewis, however, said he was "satisfied with the procedures" followed by the department in the case "within the limits of the staff." He declined to comment specifically on the Ward case.

He added that protective services does not have enough staff to cope with the increasing number of child neglect and abuse cases referred to the department.

The four protective services workers know "they don't have the time to do the kind of investigations they know are needed in all cases and the one you don't do is the one you can have trouble with later," Lewis said.

He predicted that "this could happen again unless we get some support." The board has recommended that the protective services staff be doubled, that salaries be increased to attract people with more experience and that a psychiatrist be made available to the staff for consultation about certain cases.

[From the Family Weekly]

When You Want To Hit Your Child . . . Some Hints To Keep in Mind

(By Judge Gertrude Bacon)

A toddler dribbles a trail of toys across the living room his mother has just cleaned up. . . . A second grader refuses to eat the hot lunch his mother has prepared for him. . . . A young brother and sister have been squabbling all morning. . . . There are moments in every mother's life when her children drive her up the wall. She feels like screaming, hitting, knocking heads together.

As the founder of the New York chapter of Parents Anonymous, I talk to such mothers—and fathers—every day. Like the alcoholic who calls Alcoholics Anonymous, or the bettor who calls Gamblers Anonymous, parents with problems have now begun to call PA chapters in a number of cities.

Some of the parents who call are seriously troubled people, such as those I often saw during my years as a Family Court judge. Others feel themselves being driven over the edge. Most of the callers, however, are just "normal," everyday mothers and fathers who get terribly angry at their children. They need help in calming down and finding better ways to cope than raising their hands or voices to a little child. Here are some ideas that we at Parents Anonymous have found to really work:

I MUST BE A BAD MOTHER, OR ELSE I'VE GOT A BAD BABY. IT WON'T STOP CRYING, AND I CAN'T STAND IT

1. "I must be a bad mother," a frantic young woman said to me recently. "Or else I've got a bad baby. It won't stop crying, and I can't stand it." Of course, neither she nor her baby is "bad." Nobody ever told this young woman that it can be unnerving when a baby cries, that it can be nauseating when a toddler throws up all over the rug, that it can be infuriating when a schoolchild won't listen. As a result, she's frightened and ashamed of her own emotions toward her child, and that makes her even angrier at him. The first step in handling anger and impatience toward children is to accept the fact that these are honest, human and universal feelings.

2. The way we handle our anger is an important key to a healthy parent-child relationship. Take the reactions of two mothers to the same situation, a child who's spilled milk and cookies all over the floor. One mother screams at her child, "What a little pig you are!" The other mother, equally annoyed, says, "What an awful mess! Come right here and help me clean it up." Both mothers have expressed their anger openly, but one has learned to do it without damaging her child.

3. With the best intentions in the world, parents sometimes create the situations that are going to make them angry. Last week, for example, a mother called to tell me she had been screaming at her two children because they refused to eat the well-balanced hot lunch she had prepared for them. Instead, they wanted peanut butter and jelly sandwiches. The mother was upset because she had gone to a lot of bother to prepare a healthy lunch. Yet she could have avoided the bother—and the battle. Sometimes a parent needs to put herself in her child's place. How would she feel if she were never given a choice about what to eat? When she was a kid, didn't she prefer peanut butter and jelly to meat loaf and carrots? Wouldn't a child get more value from eating something he liked in a calm and happy atmosphere than from forcing down mouthfuls between tears and angry words?

WHEN A MOTHER TOLD ME OVER THE PHONE THAT HER TWO CHILDREN HAD BEEN SCREAMING AT EACH OTHER FOR AN HOUR, I ASKED HER WHAT SHE HAD DONE ABOUT IT. SHE ANSWERED, I YELLED AT THEM TO SHUT UP

4. As I have seen time and again at Family Court, and now at Parents Anonymous, a child lives what he learns. When a mother told me over the phone that her two children had been screaming at each other for an hour, I asked her what she had done about it. She answered, "I yelled at them to shut up." She heard her own words and laughed, a little embarrassed. How, though, was she going to get them to stop screaming and make up with each other? If she went in and apologized for her own behavior—either in words or by friendly actions—would they learn from her in that, too?

5. Children may not be the cause of a mother's anger but, because they're so handy, they may become the target. Perhaps a wife is upset because her husband came home late the night before. Or perhaps she's jealous over some new luxury her neighbor has but she can't afford. A small incident then can provoke her to shouting or hitting at her child. Many parents need to stop and ask themselves, "What's really making me angry?"

6. The important help we offer at Parents Anonymous is someone to talk to. There are mothers and fathers who cannot speak frankly to anyone they know. There are also the luckier parents who do have a friend or relative they can call when they're upset. As they talk about their anger, they find themselves calming down. They may find, too, that they're not so alone. As one mother told me, "I was so desperate one day that I started talking to my neighbor about it. She said, 'You, too?'" The two women have since learned to share their feelings with each other instead of taking them out on their children.

7. When I talk to parents, they often ask, "Do you mean I should never yell at my child and never spank him? Of course not. If you want to impress your child with the dangers of firecrackers or city traffic, you may well have to raise your voice to let him know you really mean it. There are also times when you may rightly feel that there's nothing else to do but spank. But spank with love!

8. How does a mother know if she's screaming too much or spanking too much? A good test is to ask yourself if what you're doing is working. If you're overdoing it, it probably no longer has any positive effect.

9. Of course, a certain amount of aggravation comes with just being a parent. But if it happens too often, you may want to try to change your child by changing yourself. We know that a child who lives with hostility learns to fight. A child who lives with love and understanding learns to feel good about himself and about the people around him.

The way to change is little by little, day by day. When you say to yourself, "I'll never do that again," you're setting yourself an impossible goal. One slip and you may be too discouraged to try again. Instead, if you're screaming or hitting your child more often than you think you should, try waking up tomorrow and saying, "I won't do it today." The next day, set yourself the same goal. That way, you're aiming at small, achievable victories. You never say never and you never say forever, but in the meantime you're changing the lives of two generations—yours and your child's.

[From the Hamilton, Ontario Spectator, Sept. 7, 1972]

JUDGE SEES NEED, FOUNDS PARENTS ANONYMOUS CHAPTER

(By Suzanne Kilpatrick)

Getting a telephone installed during a general telephone strike in New York City for an office of a group no one has ever heard of is virtually an impossibility.

But for Judge Gertrude M. Bacon it wasn't.

The problem was just one more step in her determination to set up a New York chapter of Parents Anonymous—a self-help group which offers immediate help to parents who abuse and neglect their children or have the potential to.

Mrs. Bacon, a former New York City family court judge, is in the Hamilton and Burlington area until tomorrow as a guest of the Parent Child Concern group in Burlington to assist with its Parents Anonymous group.

The Burlington group, formed in June by Margaret Morrison, a former nursing instructor and mother of two, is thought to be the only one in Canada.

The group is an offshoot of Parent Child Concern, an organization of lay and professional people working towards improved parent-child relationships which was founded by Mrs. Morrison earlier last year.

Ironically, the first client of the Parents Anonymous chapter in New York City was the sister-in-law of the telephone manager who told Judge Bacon it was impossible to install a phone in the chapter office.

"I told him it was an emergency and when he asked who the phone was for and I told him, he said 'what's that?' But when Judge Bacon, who had an uncanny resemblance to Katherine Hepburn in looks and manner, explained its purpose, the manager "felt the need for such an organization" and began telling her about his sister-in-law.

That was seven months ago. Since then, through advertisements and articles in the New York newspapers appealing to parents who abuse their children and need help to call the group, there has been an average of 12 calls a day and some days 70. All help is voluntary with two women manning the phones 24 hours a day, seven days a week.

The dynamic woman was appointed a family court judge in 1968 but resigned three years later because she was frustrated with the poor facilities and the lack of services for parents and children who came to the court for help.

Later, she was appointed special consultant to the New York State Assembly select committee on child abuse. Then in December, Judge Bacon saw an article in the New York Times about a Mothers Anonymous group in California.

The group had been started four years ago by a woman whose tendencies toward child abuse built up until she reached a point where she almost strangled her daughter.

The woman who had to plead with social agencies to get her into therapy decided if alcoholics could stop drinking and gamblers could stop gambling by getting together, maybe the same principle would work for abusers too.

The result has been 27 Mothers Anonymous groups—since changed to Parents Anonymous—in the United States, most of which are in California.

It was the article that spurred her to take the trip to investigate it and to evaluate any other services in that state, Judge Bacon says.

When she got there and met the Mothers Anonymous founder she couldn't wait to get back to start a group in New York.

The first thing Judge Bacon did was to phone every doctor in hospital pediatric departments in New York. She also called social workers, psychiatrists, psychologists, and nurses and when she finally got them all together they told her to wait.

"They were very polite but they thought it would be dangerous to deal with child abusers." They also told her they didn't think there was a need.

Undaunted, Judge Bacon went ahead and organized the group without their help, financing it largely through support from her husband, an importer. The woman who she describes as her 'right arm' and who accompanied her here is Hortense Landa, an attorney and social worker.

Judge Bacon has taken calls from rich and poor mothers. Many of the calls are from parents who believe they have the potential to abuse their children.

One call she received came from a woman who Judge Bacon says was so upset she thought she would take her own life.

"The woman was mentally and physically fatigued. What she wanted to do was sleep but here children were screaming and playing in the living room. I suggested that she explain to the children she was tired and wanted to have a sleep.

"She said she would try it and when she called later she said it had worked. She had slept for an hour and a half and when she awakened the children were still playing quietly in the living room."

One of the male members of the group is a doctor who called because he was afraid of what might happen in his home. He was often away and he had noticed his wife screaming and pulling increasingly at their children. The doctor even went as far as identifying himself, she says.

Judge Bacon believes the most serious child abuser is the father who comes home from work and says he wants the children in bed because he's too tired. "The neglectful father can cause irreversible damage."

Her philosophy is: "Any parent can do better and do a little better every day."

She often tells members who call in the middle of the day to promise themselves that they won't lift a hand to their children for the rest of the day. "Then if you set one goal like this and follow it on a day to day basis it sets a good habit."

Judge Bacon says the people who hesitate to call Parents Anonymous are afraid of the world knowing. Her message is: "Take a chance. There's nothing to lose but a lot to gain and it's anonymous."

She tells parents not to think they are the only ones with bad feeling for their children. "People who love also hate and if your baby is a crier don't feel you're a bad parent . . . you can still love a child even though he smells a lot of the time."

Parents Anonymous in Burlington operates on the same principles as the New York chapter. It is a non-profit group, completely autonomous, with no agency affiliation. Although one member has been taking calls since June, Mrs. Morrison says there are four volunteers who will soon take calls in their homes to make it a 24-hour service.

Respone to the group has been growing, she says, but like the New York chapter it is not its purpose to keep statistics. Although the Burlington group has received some donations from service clubs and other groups, it is now investigating the possibility of getting a grant.

Meetings are held once a week in Burlington with transportation provided from the Burlington bus station to the meeting place. There is also a free babysitting service.

The meetings are unstructured. "There is no leader and no one calls the meeting to order," Mrs. Morrison says.

Although members remain anonymous they can identify themselves or call upon other Parents Anonymous members or seek constructive help before, during or after child abuse occurs.

Only members of Parents Anonymous attend the weekly meetings and there is no priority in membership, Mrs. Morrison says.

"The meetings are held for concerned parents to share their problems and to help each other. There is no role playing, no information needed and no one sits in judgment of another," she added.

People interested in the group and its meetings can call 632–7976.

PRAYERS UNHEEDED, BOY IN COMA

(By Milton Hansen)

Johnny Linquist prayed each night not to be sent back to his parents, but the Circuit Court judge who ordered him home last March 28 apparently did not hear those prayers.

Today, the 6-year-old boy is in a coma in St. Anne's Hospital, his skull fractured and his body a mass of bruises.

His father, William, 31, of 4729 W. Erie St. is being held in Cook County Jail on charges of aggravated battery.

Johnny was sent to live with foster parents four years ago. His new father and mother, Robert and Florence Karvanek, had no children of their own but felt there was enough love in their hearts to take in children who had no homes. They had another foster son, Robert Parker, now 10.

Two years later, Robert Karvanek decided the city's Southwest Side was no place to raise children and, with permisison of the court, moved his family to Tigerton, Wis., a town of 700 near Green Bay.

There he bought a 40-acre farm with a trout stream and barn for the pony the boys would ride.

"We went to Wisconsin only after Johnny's parents failed to come and visit him when we were in Chicago," Karvanek said. "We figured Johnny could go to Chicago to visit if he wanted to."

The family prospered in Tigerton. Karvanek's painting business did well and the boys got a dog to take with them on their fishing trips.

Last Christmas, Johnny went home to visit his real parents. Karvanek said the boy brought back stories of his father's violence.

"He said that, when he got mad at something on the television, Lindquist threw a chair thru the screen," Karvanek recalls.

But Johnny was apparently happy in Wisconsin.

"There was never any problem with him. He did wet his bed a couple of times when he first came to us, but that stopped when Johnny got used to his new surroundings. He had been thru a lot," Karvanek said.

Irene Lindquist told police Johnny was beaten Friday night because he wet his bed. She said her husband would tie the boy's wrists and legs with a plastic clothesline and suspend him over a door as punishment.

"Johnny must have known what it was going to be like with his parents," Florence Karvanek said. "Each night he would pray, 'Please God, don't send me back home.' "

But on March 28, the order came from the Circuit Court of Cook County to send Johnny back. The Karvaneks charge there had been no hearing for the Karvaneks and no investigation of Lindquist's background.

Mrs. Lindquist said a caseworker told her the boy's presence in the house would mean a larger welfare check.

The judge, apparently following the precedent set by court actions in other states, ordered the boy back to his natural parents.

"Johnny must have gone through four months of hell," Mrs. Karvanek said, "I don't see how anyone could treat a child like that."

The Karvanek's are the only visitors in the hospital's intensive care unit. They sit by Johnny's bed for hours and wait for signs of consciousness to appear.

Johnny holds on to his foster father's finger and tries to open his swollen eyelids. "We're going to take you back to Wisconsin, son," Karvanek says. And Johnny tries to squeeze Karvanek's finger a little harder.

[From the Chicago Sun Times, Aug. 7, 1972]

BOY, 6, IN A COMA AND FATHER IS JAILED

(By Calvin Lindsay)

Six-year-old Johnny Lindquist, who used to be a cute child before his skull was fractured and his body battered, lies in a bed too big for him in St. Anne's Hospital, holding on to his foster father's finger and clinging to life. It is not certain whether he will live.

The boy's mother, Irene, told police her husband, the boy's real father, tied the boy's arms and legs with rope, then hung him upside down for 8 hours a day for days in a row.

Police weren't called until last Friday, when Mrs. Lindquist said she came home to find the boy unconscious.

FATHER IN JAIL

The boy's father, William Lindquist, 31, of 4729 W. Erie, is charged with aggravated battery and is being held in County Jail on $100,000 bond.

Johnny was being punished, his mother said, because he wet his bed. She said he wet his bed in rebellion because he wanted to return to his foster parents.

Johnny had been living with Mr. and Mrs. Robert Karvanek for 2½ years. Then last March a Circuit Court judge ordered the boy returned to his mother and father.

One of the factors in seeking the return of her son, Mrs. Lindquist is reported to have told authorities, was that the family's welfare check would be larger with the boy at home.

The Karvaneks lived on the city's Southwest Side when they got Johnny. They were childless, but had another foster son, Robert Parker, who is now 10.

FISHING AND RIDING

Two years ago Karvanek decided that Chicago was no place to bring up children, so he moved to a little town of 700 persons near Green Bay, Wis. There he had a little farm where the boys had a stream to fish and a pony to ride.

Then, Karvanek recalled, the court order came, and despite Johnny's nightly prayers not to be sent back to his parents, he had to go.

The Karvaneks next heard of Johnny when they read in a newspaper that Johnny was in danger of dying because someone had strung him up with rope and beat him.

The Karvaneks came back to Chicago to Johnny's bedside. Johnny is in a coma, but holds on to Karvanek's big finger with his tiny hand.

Nobody knows if Johnny can hear what's going on around him, but when the little boy's eyelids flutter a little, Karvanek whispers, "Hold on, we're going to take you back to Wisconsin, son."

[From the Chicago Tribune, Nov. 3, 1972]

SENATE UNIT AGREES ON CHILD ABUSE CURB

SPRINGFIELD, ILL., Nov. 2—A state Senate subcommittee has agreed on three juvenile law changes to help prevent child abuse.

The subcommittee, empanelled following the death of Johnny Lindquist, 7, of Chicago, will seek passage of bills to:

Prohibit the return of a neglected or dependent child to its natural parents without Juvenile Court approval if the child was first removed because of parental abuse.

Require that foster parents get notice of any custody hearing about children in their care. Now, foster parents have the right to attend such hearings, but often are unaware that a hearing is to be held.

Require that a doctor who treats a child who appears to be a victim of abuse submit a report to law enforcement officials. The current law requires doctors to make such reports to the State Department of Children and Family Services only.

Sen. Philip Rock [D., Chicago], subcommittee chairman, said that he will attempt to have such measures passed in the fall legislative session beginning on Nov. 26.

Rock said the subcommittee decided that quick action was needed after hearing testimony from officials and concerned citizens, including Merle Springer, executive deputy director of the Department of Children and Family Services.

Springer said his agency already has implemented some reforms as a result of the Lindquist case without waiting for the legislation. He urged the subcommittee to recommend an Illinois bill of rights for children.

Johnny Lindquist died Aug. 31 after he had been in a coma more than a month following a beating allegedly meted out by his father, William, 31. The father has been charged with murder.

[From the Chicago Tribune, Sept. 2, 1972]

JOHNNY'S TRAGEDY BARES BAD LAWS

(By Bob Cromie)

Johnny Lindquist, the kid who never had a chance, is dead.

His father is accused of having beaten him so savagely July 28 that he was unconscious for more than a month before he died. He never knew when his 7th birthday came and went.

Death, of course, was a blessing, one of the few good things that ever happened to Johnny, because his skull was so horribly crushed that had he lived, doctors say, he would have been a complete and hopeless idiot. His brain died before his heart did. Yet, except for the brutal way in which his life was ended, Johnny's case is not unique.

SAFEGUARDS LACKING

Other youngsters, hundreds of them, have been maimed or killed or turned into mental cases by parental violence, as well as by beatings administered in institutions to which they had been sent for safekeeping. Yet laws to prevent such attacks, to give to children the same protection afforded adults, are sadly lacking.

If a woman had been beaten by her husband [as Johnny was beaten four years ago for wetting the bed], it is quite probable that she would have left her husband and found permanent sanctuary somewhere else. Johnny was removed at that time from his parents' home and sent to a foster home in Wisconsin, where he seemed to have been remarkably happy, yet he was forced to return to his own parents' home for visits. He came back after one such occasion to tell his foster parents that his real parents' home was "a madhouse."

Then, for reasons which no one can understand, someone at the Department of Children and Family Services ordered Johnny returned from the farm in Wisconsin to his father and mother. When they told Johnny of the decision, he wept all day. This was last March, and he had less than five months to live.

Tears, however, don't count for much when you're only 6, and they have no legal standing whatever. Even if you're bright enough to know a madhouse when you see one, you must go and live in that madhouse because it's your rightful home. It is better to be with your own parents, no matter how much one or both may hate you, than to be permitted to grow up with two nonparents on a Wisconsin farm where there is fresh air and good food and fun and love. Lots and lots of love.

But now Johnny is dead. And since he had the poor taste to linger long enough before dying to draw a great deal of attention to his plight, it is presumed that laws finally will be passed—many years too late—to prevent such callous shunting from home to home of a youngster who is helpless to protest, who is completely at the mercy of official stupidity.

TO OVERHAUL LAWS

The Illinois State Judiciary subcommittee plans to do something about all the other Johnnys. There will be a public hearing in the State of Illinois Building Sept. 11 to which interested parties are invited, and it is almost a certainty that the state's juvenile code will be refurbished and improved at last. I suggest they pass photographs of Johnny dying and Johnny dead around the hearing room. But not pictures of Johnny beaten. These would upset too many persons.

I suppose there is some validity to the old saw about better late than never, but it becomes a bitter and empty-sounding phrase when you remember that Johnny—it is alleged—was tied, hung up in the fashion of some Middle Ages torture chamber, and beaten with indescribable violence.

Where have the law and the courts and the social workers and the normal parents been all this time? Why should it have taken Johnny's gaudy death to bring some action? We are all to blame.

[From Women's Day, March 1973]

AT LAST! HELP FOR CHILD-ABUSERS

A NEW SELF-HELP GROUP IS ACHIEVING REMARKABLE SUCCESS IN HELPING PARENTS COPE WITH ONE OF THE MOST TERRIFYING AND LEAST TALKED ABOUT OF ALL CHILD-REARING PROBLEMS—PHYSICAL ABUSE OF THE CHILD

(By Sara Davidson)

Editor's Note

> One in every ten injuries reported for children under two is intentionally inflicted by one of that child's parents.
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> Twenty-five percent of all the fractures diagnosed for children under three are the result of physical abuse by a parent.
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> At least two children die every day in the United States as a result of physical abuse by their parents.
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> These statistics are cited by Dr. Henry Kempe, head of the Pediatrics Department at the University of Colorado Medical Center in Denver and co-editor of *Helping the Battered Child and His Family.* According to Dr. Kempe, sixty thousand cases of child abuse were reported during 1971, and the number increases every year as more states pass and enforce laws requiring doctors and hospitals to report all cases of suspected child abuse.
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> According to Dr. Kempe, abusive parents come from every social, economic, geographic and racial background in our country. They are the people who are unable to control the impulse to burn their children with cigarettes, scald them with hot water, throw them against walls, beat them with pipes. But only in the past few years have substantial attempts been made to identify these people and help them to adjust to their roles as parents. A number of doctors, psychologists and social workers have become interested in the problem, but most programs are still too young to offer any definitive answer. In the meantime, Dr. Kempe commends Parents Anonymous for its approach. He considers its low cost and easy accessibility to frequent help definite advantages.

Not far from Disneyland, in the Southern California suburb of Anaheim, nine women are sitting in the living room of a sunny ranch house. One is rocking a baby dressed in spotless white on her lap. Another is doing needlepoint. A third is fighting back tears.

Cindy, the young woman near tears, is asked to share her problem with the others. In a soft but hurried voice she tells how she lost her temper the night before when she took her three-year-old son to a hamburger house for dinner. "I told him before we left that if he didn't behave, if he couldn't sit in his seat and eat like a little gentleman, we wouldn't do it again. No sooner did I give our order than he slid out of the booth, ran behind the counter and knocked over someone's soup. Then he ran through the swinging doors into the kitchen. I had to chase him through the restaurant.

The woman next to Cindy winces "That's so embarrassing when it happens in public." Another woman says, "I wonder why kids do it. To punish the mother or what?"

Cindy says, "When I finally caught him, I pulled him into the rest room and started clobbering him on the floor. I don't know how to handle his tantrums in public. He's so different from the way I was as a child. It scares me the way I can love him so much and then turn on him." She puts her head in her hands and cries.

The other women are all nodding. "We know what you're feeling," says one. "We've been there." They may not have experienced the exact situation, but like Cindy, all have found themselves lashing out aggressively at their children when frustrated. These nine mothers have come, by various routes, to an organization called Parents Anonymous—a private self-help group for parents who abuse their children.

Abuse can take many forms, from physical beatings to verbal attacks or icy withdrawal. All parents feel occasional urges to whack their children, and may sometimes give in to the impulse. But those who come to Parents Anonymous find themselves doing it consistently and uncontrollably. Most have had difficulties with their children since they were born. Doctors in California have found that parents who punish their babies—when it is extremely doubtful that infants can comprehend punishment at all—are likely to abuse the children as they grow up. Following their outbursts, parents tend to feel remorseful and terrified of losing their sanity. Even worse, they rarely tell anyone what they have done for fear their children will be taken away from them.

Parents Anonymous (usually called P.A.) offers one of the few opportunities for relating these experiences freely. Members meet once a week to explore new ways of responding to their children. In between meetings they run a network of telephone calls to feed each other love, warmth and support. From the start, there is both relief and greater pain. As one P.A. veteran advised a new member, "It hurts to grow."

The nine women in Anaheim this evening are being introduced to the founder of P.A., a former child-abuser known simply as Jolly K. Jolly is a tall, handsome woman of thirty-one who wears bell-bottoms and gold-rimmed glasses. She periodically visits the chapters spread through eleven states and Canada, and will, if asked, lead a meeting.

As coffee cups are passed, the members report how the past week has gone. The first girl, Pam, says she has had seven good days. "I like myself, and I know how wonderful that must look to my children." Liz, who is pregnant, reports that she has been getting along "beautifully" with her husband and four-year-old son, Timmy, but wants "to murder the little boy downstairs."

When the others ask why, Liz explains that the boy is two years older than Timmy and twice his size. "He gets all the kids on the block to pick on Timmy and my son won't defend himself. I try to help him; I tell him to hit back, but he won't. He comes crying to me, and keeps asking if I love him. He's afraid I'm going to leave him, He cries, 'Don't leave me, don't leave me,' and there's no way I can prove to him I love him. It's so frustrating! Today I got so mad I yelled my head off at him."

Jolly asks, "Do you feel inadequate?"

"Yes," Liz replies, "because there's nothing I can do to reassure him."

Kay, a soft-spoken blond of twenty-four, suggests, "Show him in little ways that you love him."

Liz: "I do, and five minutes later he's back again crying."

Jolly: "Let's reconstruct this scene. Let's say I'm a four-year-old coming to you crying. Some big meanies are picking on me and my ego is shattered. What do you do to help a little guy start feeling like he's worth something?"

Liz holds out her arms. "I hug him and tell him I love him."

Jolly: "Do you tell him *why* you love him?"

Liz cocks her head. "I never thought about it. I don't know why I love him. I guess because he's mine."

Jolly: "If I were you, I might say, 'I love you because you're a nice warm person, and Mommy loves nice, warm people.' "

Liz shakes her head. "He won't understand that."

Jolly: "Not the words, maybe, but the feeling will come across. Tell him every five minutes if you have to. And remember you're not doing it for *him!* We don't care so much about the four-year-old as we care about the mother. If you can reassure him so he feels better, you'll be proud of yourself. And as you feel better about yourself, he'll feel better about himself."

Liz fidgets in her chair. She says her son will never believe her. "If he'd only get up his gumption and beat up that bully!"

Pam says, "That's not realistic, Liz. Timmy only weighs thirty pounds, and he's not old enough to grasp the principles of karate."

Jolly: "You think, Liz that if you were a good, loving mother, you'd be able to straighten out all Timmy's problems and make him some kind of super tough guy who never gets bullied. Now because you can't do all that, you feel frustrated and inadequate. You think you're a bad mother, and you get angry.

"Why don't you try talking to your son about frustration? Tell him it's frustrating for everyone to have a bully around. Tell him you'd like to make it better for him but you can't—and that doesn't mean you don't love him or that he isn't a good person. He won't understand all the words, but he'll get the message: Mommy cares."

Liz nods. So does everyone else. They can almost see the insight flicker in her gray-blue eyes.

"Start looking at your feelings and analyzing them," Jolly continues. "Once you see what they are, lay them open to your son. He'd rather hear about your feelings of frustration than get yelled at or beaten because of those feelings."

Liz is crying now, but nodding her head vigorously. "I'll start tomorrow," she promises.

A year ago, when Liz first came to P.A., she had beaten, bitten and kicked her son and hurled him against walls. It is difficult to imagine this from the freshfaced creature sitting on a velvet sofa, just as it difficult to imagine the other mothers in the room being driven to violent acts. They are all middle-class women, indistinguishable from those in any suburban shopping mall.

Cindy, a tiny woman with perfect features and perfectly combed hair, calls her young son "the man of the house. He runs me," she says, "and I'm afraid now because I see the beginnings of the same sick relationship I had with his father." Although Cindy says she is extremely loving and permissive most of the time, when she gets angry or has a bad day, "I just have to pound on him until my feelings are satisfied. He must be so confused! I'm terrified I'll alienate him and he'll abandon me, and he's my whole life." She starts to cry.

Pam says, "I know your son loves you and needs you."

Kay adds: "It would be good for you to have some outside interests. Maybe when you get to know and trust us, you can leave him with us or trade off babysitting." Cindy seems inconsolable.

Pam tells her, "If all of us have pulled ourselves out of the pit, you can too." She describes the days before she came to P.A. when she beat her hyperactive daughter with a strap in order to "break her down, get her to be subdued and respect me. Everybody I went to for help could tell me what was wrong," she said, "but nobody ever told me what to do. At the first P.A. meeting, people made suggestions. And they worked! There's such a difference in our house. Now when my daughter gets out of control, I can subdue her by loving her and making her feel secure. And I go to my husband for help—something I never did before. I'm not cured, but at least I'm on top of the thing. I'm not desperate anymore."

Pam admits she was nervous about joining P.A. because she thought child-abusers were "low-class, low-grade, crummy people." She's found that this is not necessarily the case at all. "And I don't think P.A. is just for child-beaters, either," she says. "It's for people who need help because they can't handle difficulties with their kids."

Kay agrees. "I'll say in it forever, because I know there'll be problems as my children grow up, and this way I'll have the group to support me. If I don't know how to deal with something. I can always call the sponsor for advice instead of worrying and brooding. I'll be reassured and feel confident I'm doing the best thing."

It was late in the day now. Pam's daughters were in the kitchen making instant brownies, and the other two women had to pick up their children. Kay asked Cindy if she felt any better.

Cindy jerked her head slightly, startled to find that, for a brief time, she had been distracted from her own grief. She managed a weak smile. The others put their arms around her as she said, "Yes. Somehow I do."

The End

Editor's Note: Anyone interested in joining or starting a chapter of Parents Anonymous, or in helping as a "P.A. buddy," should write to Jolly K., National Parent Chapter, 2009 Farrell Avenue, Redondo Beach, California 90278.

For information on other programs available to help child-abusers, contact the Child Protection unit in your local Department of Social Services.

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